2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P39288

1. Entity Name
CENTRAL GARDEN & PET COMPANY

Principal Place of Business
1340 TREAT BLVD
STE 600
WALNUT CREEK, CA 94597 US

Mailing Address
1340 TREAT BLVD
STE 600
WALNUT CREEK, CA 94597 US

01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0275553
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, WILLIAM E
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	PD
NAME	NOVOTNY, GLENN W
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	S
NAME	BOOTH, STUART
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	D
NAME	CHICHESTER, DAVID N
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	D
NAME	PENNINGTON, BROOKS M III
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597
TITLE	D
NAME	WESTPHAL, BRUCE A
STREET ADDRESS	1340 TREAT BLVD, SUITE 600
CITY-ST-ZIP	WALNUT CREEK, CA 94597

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05/09/07-80090-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-17-07 925-948-3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #