

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39288

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: CENTRAL GARDEN & PET COMPANY

## Current Principal Place of Business:

1340 TREAT BLVD  
STE 600  
WALNUT CREEK, CA 94597 US

## New Principal Place of Business:

## Current Mailing Address:

1340 TREAT BLVD  
STE 600  
WALNUT CREEK, CA 94597 US

## New Mailing Address:

FEI Number: 68-0275553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BROWN, WILLIAM E  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

Title: PD ( ) Delete  
Name: NOVOTNY, GLENN W  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

Title: S ( ) Delete  
Name: BOOTH, STUART  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

Title: D ( ) Delete  
Name: CHICHESTER, DAVID N  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

Title: D ( ) Delete  
Name: PENNINGTON, BROOKS M III  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

Title: D ( ) Delete  
Name: WESTPHAL, BRUCE A  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HEIM, JIM  
Address: 1340 TREAT BLVD, SUITE 600  
City-St-Zip: WALNUT CREEK, CA 94597

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY KANE

ASTD

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date