2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# P92000011483

Entity Name: THE ANIMAL CARE CENTER OF PASCO COUNTY, INC.

Current Principal Place of Business:

4041 LITTLE ROAD
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

4041 LITTLE ROAD
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-3153271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEHR, ROBERT P
4041 LITTLE RD.
NEW PORT RICHEY, FL 34655 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: PD ( ) Delete
Name: GRIFFIN, DAVID F.
Address: 4041 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ST ( ) Delete
Name: WEHR, ROBERT
Address: 1521 JADE LANE
City-St-Zip: TARPON SPRINGS, FL

Title: TD ( ) Delete
Name: ELLIOTT, STEVEN
Address: 4041 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete
Name: LAMPOS, CARLOS
Address: 4041 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD ( ) Delete
Name: WEHR, ROBERT
Address: 4041 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD (X) Change ( ) Addition
Name: CAMPOS, CARLOS
Address: 4041 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID GRIFFIN PD 01/05/2006

Electronic Signature of Signing Officer or Director Date