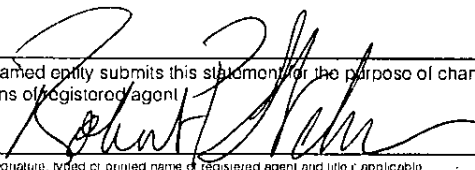
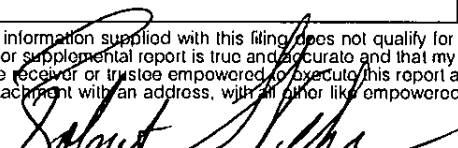


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P92000011483 1. Entity Name THE ANIMAL CARE CENTER OF PASCO COUNTY, INC.					
Principal Place of Business 4041 LITTLE ROAD NEW PORT RICHEY FL 34655 US			Mailing Address 4041 LITTLE ROAD NEW PORT RICHEY FL 34655 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3153271 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEHR, ROBERT P 4041 LITTLE RD. NEW PORT RICHEY FL 34655				7. Name and Address of New Registered Agent Name --- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Robert P. Wehr (NOTE: Registered Agent signature required when re-registering) 2/23/07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GRIFFIN, DAVID F. 4041 LITTLE ROAD NEW PORT RICHEY FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WEHR, ROBERT 1521 JADE LANE TARPOON SPRINGS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	03/09/07-00028-004-150.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ELLIOTT, STEVEN 4041 LITTLE ROAD NEW PORT RICHEY FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CAMPOS, CARLOS 4041 LITTLE ROAD NEW PORT RICHEY FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WEHR, ROBERT 4041 LITTLE ROAD NEW PORT RICHEY FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 prior like empowered.					
SIGNATURE:  2/23/07					