

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011483

FILED  
Jan 12, 2009  
Secretary of State

**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:**

GRIFFIN, DAVID F  
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: CAMPOS, 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: ( ) 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: DAVID F GRIFFIN

PD

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date