

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000011483

**FILED**  
**Apr 01, 2010**  
**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  
**Name:** GRIFFIN, DAVID F.  
**Address:** 4041 LITTLE ROAD  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID F. GRIFFIN

PD

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date