## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 08:00 Al Secretary of State

| ANTONE REI ORI   |    |  |    |  |
|--|----|--|----|--|
| DOCUMENT # P95000095872  1. Entity Name GROOMING, INC. |    |  |    |  |
| Principal Place of Business                            |    | Mailing Address                          |    |  |
| 5453 31ST STREET S.<br>ST PETERSBURG, FL 33712         | US | 5453 31ST STREET S.<br>ST PETE, FL 33712 | US |  |

## 01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3347978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCGUCKEN, KAY J 1320 9TH AVE., SUITE 210 TAMPA, FL. 33605 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE FERNANDEZ, STACY R NAME STREET ADDRESS 4013 BARCELONA ST. CITY-ST-ZIP TAMPA, FL TITLE 000000808589 02/07/08-80055-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -" -710 0160 STREET ADDRESS -CITY-ST-ZIP. . TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE:

SATURE AND TYPED OR PRINTED NAME OF SIGNING OF

OFFICER OR DIRECTOR

1/24/08

**(8 13)** 810-1102