

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000013749

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** SHELLIE'S GROOMING & SUPPLY, INC.

**Current Principal Place of Business:**

120 ALEXANDRIA BLVD. STE 14  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

120 ALEXANDRIA BLVD. STE 14  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3424291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURGUNDER, KARL A  
1490 SWANSON DRIVE  
SUITE 200  
OVIEDO, FL 32765 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:** PTSD  
**Name:** YOUNG, SHELLIE  
**Address:** 1010 HENSON CT  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** D  
**Name:** YOUNG, WILLIAM  
**Address:** 12871 LOWER RIVER BLVD.  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** D  
**Name:** YOUNG, DORIS  
**Address:** 12871 LOWER RIVER BLVD.  
**City-St-Zip:** ORLANDO, FL 32828

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:** SHELLIE M. YOUNG

PTSD

04/07/2010

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

\_\_\_\_\_  
Date