

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90017 033 \*\*\*150.00

<b>DOCUMENT # P97000034701</b>													
<b>1. Entity Name</b> CRITTERS OF N.E. FLORIDA, INC.													
<b>Principal Place of Business</b> 2877 FORBES ST JACKSONVILLE, FL 32205			<b>Mailing Address</b> 2877 FORBES ST JACKSONVILLE, FL 32205										
<b>2. Principal Place of Business - No P.O. Box #</b> 281 McDUFF AVE S.		<b>3. Mailing Address</b> 281 McDUFF AVE S.											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
<b>City &amp; State</b> JACKSONVILLE FL		<b>City &amp; State</b> JACKSONVILLE FL		<b>4. FEI Number</b> 59-3441947									
<b>Zip</b> 32254		<b>Country</b> US		<b>Applied For</b> Not Applicable									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b>  TOWLER, SUSAN M 2877 FORBES ST JACKSONVILLE, FL 32205			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Name</b></td> <td>TOWLER, SUSAN M.</td> </tr> <tr> <td style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> <td>281 McDUFF AVE S.</td> </tr> <tr> <td style="padding: 2px;"><b>City</b></td> <td>JACKSONVILLE FL</td> </tr> <tr> <td style="padding: 2px;"><b>Zip Code</b></td> <td>32254</td> </tr> </table>			<b>Name</b>	TOWLER, SUSAN M.	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	281 McDUFF AVE S.	<b>City</b>	JACKSONVILLE FL	<b>Zip Code</b>	32254
<b>Name</b>	TOWLER, SUSAN M.												
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	281 McDUFF AVE S.												
<b>City</b>	JACKSONVILLE FL												
<b>Zip Code</b>	32254												
<b>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.</b>													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when registering)													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
TITLE	DPST <input type="checkbox"/> Delete		TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	TOWLER, SUSAN M		NAME	TOWLER, SUSAN M.									
STREET ADDRESS	2877 FORBES ST		STREET ADDRESS	281 McDUFF AVE S.									
CITY - ST - ZIP	JACKSONVILLE, FL 32205		CITY - ST - ZIP	JACKSONVILLE FL 32254									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
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NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
<b>12. I hereby certify that the information supplied with this filing 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.</b>													
<b>SIGNATURE:</b> <u>Susan M. Towler</u> <u>15 Apr '08 (904) 389-9047</u>													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													

60023918



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