## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 20, 2005 8:00 am Secretary of State

Davtime Phone #

Mailing Address   Mailing Ad	1. Entity Name ADVANTAGE PET CENTER, INC.							04-20-2005	90342 033	***15	90.00	
1.1510 GGH STREET NORTH LARGO, FL 33773  2. Princosal Place of Business  Sure, Ann. 4, etc.  Sure, Ann. 4, etc.  City & State  C	Principal Plac	Mailing Address	illing Address									
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City & State  Ci	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Step   Country   Zip   Country   Step   Sp-3464134   Not Appreciable   Step   Sp-3464134   Not Appreciable   Step   Sp-3464134   Step   Sp-3464134   Not Appreciable   Step   Sp-3464134	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04122005	Chg-P	CR2E034 (	10/03)		
STEWART, ANN MARIE 11510 66TH STREET NORTH LARGO, FL 33773  STEWART, ANN MARIE 11510 66TH STREET NORTH LARGO, FL 33773  SIGNATURE  THE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  TO SEPERATE AND DRECTORS  TO SIER ADDRESS  STEWART, ANN MARIE 10.  THE PTD AND STEWART, ANN MARIE 10.  THE PTD AND STEWART, ANN MARIE 10.  STEWART, BRYAN DOUGLAS STEWA	City & State		City & State	City & State			59-3464134					
STEWART, ANN MARIE 11510 66TH STREET NORTH LARGO, FL 33773  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the both acceptance of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the both acceptance of Florida. I am familiar with, and accept the obligations of Florida States (F.O. Both North Acceptance) and the control obligations of Florida States (F.O. Both North Acceptance) and the control obligations of Florida States (F.O. Both North Acceptance) and the control obligation of the registered agent, or both acceptance of Florida States (F.O. Both North Acceptance) and the control obligation of the regis	Zip	Country	Zip	Zip Count		5. Certificate of Status Desired						
STEWART, ANN MARIE  11510 66TH STREET NORTH LARGO, FL 33773    City   FL   Zip Code	6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered Agen	it		
Street Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code	STEWART ANN MARIE					Name						
### The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am femiliar with, and accept the obligations of registered agent.  ### State of Florids	11510 66TH STREET NORTH				Street A	ddress (f	P.O. Box Numb	er is Not Acceptable	)			
8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    Signature   Supplementary   Supplem					City				FI	Zip Code	<del></del>	
SIGNATURE    Symbol			ed office or	register	ed agent, or bo	th, in the State of Flor		iar with,	and accept			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  P. Eloction Compaign Financing Trust Fund Contribution.    Addition May 1, 2005 Fee will be \$550.00   SEEWART, ANN MARIE												
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PTD	SIGNATURE											
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SIGNATURE: 4/14/08												

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR