

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000096153

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ANIMAL CARE, INC.

**Current Principal Place of Business:**

11002 NATHAN COURT  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

11002 NATHAN COURT  
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

**FEI Number:** 62-1715066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JAMES E III  
33431 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33981 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BECKMAN, BRETT W  
Address: 11002 NATHAN CT  
City-St-Zip: PUNTA GORDA, FL 33955

Title: ST  
Name: BECKMAN, LECIA  
Address: 11002 NATHAN CT  
City-St-Zip: PUNTA GORDA, FL 33955

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: LECIA P BECKMAN

ST

02/09/2012

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

\_\_\_\_\_  
Date