



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000020816		
1. Entity Name PET PARADISE OF SPRING HILL INC.		
Principal Place of Business 1106 COMMERCIAL WAY, SUITE A SPRING HILL, FL 34606		Mailing Address 3024 STEPHANIE DR. SPRING HILL, FL 34608
DO NOT WRITE IN THIS SPACE		
		 03302006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3499689 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FRANGIONE, FRANK 3024 STEPHANIE DR. SPRING HILL, FL 34606		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANGIONE, FRANK 3024 STEPHANIE DR. SPRING HILL, FL 34606	DO NOT WRITE IN THIS SPACE U000000545075 05/11/06-80063-007 150.00
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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		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/26/06 352 585-7168 Daytime Phone #