

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000059878 1. Entity Name WESTLAKE ANIMAL INN PET RESORT, INC.		
Principal Place of Business 39564 US 19 N TARPON SPRINGS, FL 34689	Mailing Address 39564 US 19 N TARPON SPRINGS, FL 34689	



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3520900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GEAGAN, DENNIS E
39564 US HWY 19 NORTH
TARPON SPRINGS, FL 34689**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000925724
05/20/08-80039-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GEAGAN, DENNIS 39564 U.S. 19 NORTH TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HASSELL, BYRON 39564 U.S. 19 NORTH TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Byron Hassell **4/8/08 727 938-1575**