

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P99000078176

1. Entity Name
CAT CARE CLINIC OF ORMOND BEACH, INC.



Principal Place of Business
**320 S YONGE ST
ORMOND BEACH, FL 32174 US**

Mailing Address
**320 S YONGE ST.
ORMOND BEACH, FL 32174 US**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3599311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NIXON, JOHN H
320 S YONGE ST
ORMOND BEACH, FL 32174**

**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

U00000855340
03/27/08-80045-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NIXON, JOHN H 320 S YONGE ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIXON, LESLIE F 320 S YONGE ST ORMOND BEACH, FL 32174
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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

2-27-08 386 671 0747

Date

Daytime Phone #