

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53676

FILED
Mar 07, 2009
Secretary of State

Entity Name: ORANGE PARK TREATS, INC.

Current Principal Place of Business:

610 KINGSLEY AVE.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

610 KINGSLEY AVE.
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-3061400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, NANCY
610 KINGSLEY AVE
ORANGE PARK, FL 32073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: GALLAGHER, NANCY
Address: 610 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: GALLAGHER, NANCY
Address: 610 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL

Title: T () Delete
Name: GEESER, SCOTT
Address: 610 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: BUCHANAN, MELISSA
Address: 610 KINGLSEY AVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY GALLAGHER

PSD

03/07/2009

Electronic Signature of Signing Officer or Director

Date