

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630033

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** JOSEPH R. PRIEST, D.V.M., P.A.

**Current Principal Place of Business:**

14016 SHADY SHORES DR.  
TAMPA, FL 33612

**New Principal Place of Business:**

14016 SHADY SHORES DR.  
TAMPA, FL 33613

**Current Mailing Address:**

14016 SHADY SHORES DR.  
TAMPA, FL 33612

**New Mailing Address:**

14016 SHADY SHORES DR.  
TAMPA, FL 33613

**FEI Number:** 59-1926388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRIEST, JOSEPH R.  
14016 SHADY SHORES DR.  
TAMPA, FL 33612 US

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

PRIEST, JOSEPH R.  
14016 SHADY SHORES DR.  
TAMPA, FL 33613 US

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

04/28/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PRIEST, JOSEPH R, DV, M  
Address: 14016 SHADY SHORES DR  
City-St-Zip: TAMPA, FL

Title: TV ( ) Delete  
Name: PRIEST, DOLORES,  
Address: 14016 SHADY SHORES DR  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: PRIEST, JOSEPH R, DV, M  
Address: 14016 SHADY SHORES DR  
City-St-Zip: TAMPA, FL 33613 US

Title: TV (X) Change ( ) Addition  
Name: PRIEST, DOLORES,  
Address: 14016 SHADY SHORES DR  
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH R. PRIEST DVM,PA

Electronic Signature of Signing Officer or Director

P

04/28/2005

Date