


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F73366 1. Entity Name ED VELASCO, D.V.M., P.A.	
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Principal Place of Business 760 BLANDING BLVD. ORANGE PARK FL 32065-5721	Mailing Address 760 BLANDING BLVD. ORANGE PARK FL 32065-5721
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-2172384	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
VELASCO, ED 1836 BLANDING BLVD. MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	DPS VELASCO, ED	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP	760 BLANDING BLVD. ORANGE PK FL	
TITLE NAME	VP VELASCO, MICHELLE	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP	760 BLANDING BLVD. ORANGE PARK FL 32065	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Additions
TITLE NAME	02/01/05-80041-012	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			
TITLE NAME	U00000207336	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP	02/01/05-80041-012 150.00		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ed B. Velasco **1/27/05** **904-272-7875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #