

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77924

FILED
Mar 25, 2007
Secretary of State

Entity Name: COURTENAY ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

C/O GUY MAXWELL DVM
2265 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

C/O GUY MAXWELL DVM
2265 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-2475031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATTERTON, A V JR
1990 W NEW HAVEN AVE
STE 104
MELBOURNE, FL 32904 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: MAXWELL, GUY R.,
Address: 4615 COQUINA RIDGE DR.
City-St-Zip: MELBOURNE, FL

Title: VPT () Delete
Name: MAXWELL, DEBORAH E.,
Address: 4615 COQUINA RIDGE DR.
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DEBORAH MAXWELL

VP/T

03/25/2007

Electronic Signature of Signing Officer or Director

_____ Date