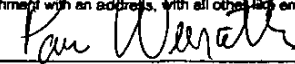


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-03-2006 90208 017 ***150.00

DOCUMENT # K50615 1. Entity Name VET SPECIALTIES, INC.		
Principal Place of Business 224 N COMMONWEALTH AVE POLK CITY, FL 33868 US		Mailing Address PO BOX 93010 LAKELAND, FL 33804-3010 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent WEIRATHER, ANTHONY D 224 N COMMONWEALTH AVE POLK CITY, FL 33868		DO NOT WRITE IN THIS SPACE
9. 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WEIRATHER, ANTHONY D. 224 N COMMONWEALTH AVE POLK CITY, FL 33868	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WEIRATHER, PAMELA M 224 N COMMONWEALTH AVE POLK CITY, FL 33868	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 individuals empowered.		
SIGNATURE: 		6/12/06 863/859-1106 Date Daytime Phone #