2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-07-2004 90121 044 ***150.00

FILED

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04 MAY 27 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000025270

1. Entity Name
THOMAS P. COGLEY D.V.M., PH.D., P.A.

Principal Place of Business	Mailing Address
9071 BELCHER ROAD PINELLAS PARK, FL 33782 US	9071 BELCHER ROAD PINELLAS PARK, FL 33782 US

2. Principal Place of Business	3. Mailing Address
8214 Belcher Rd	8214 Belcher Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781 Country: USA	Zip: 33781 Country: USA

05052004 Chg-P CR2E034 (10/03)

4. FEI Number 43-2003427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COGLEY, THOMAS P DR.
~~9071~~ BELCHER ROAD 8214
PINELLAS PARK, FL ~~33782~~ 33781

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 TP Cogley Thomas P. Cogley 5/4/04

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIR NAME COGLEY, THOMAS P DR. STREET ADDRESS 9071 BELCHER ROAD, CITY-ST-ZIP PINELLAS PARK, FL 33782	☐ Delete	TITLE NAME Cogley, Thomas P. STREET ADDRESS 8214 Belcher Road CITY-ST-ZIP Pinellas Park, FL 33781	☒ Change Address ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: TP Cogley Thomas P. Cogley 5/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 727-492-1831 Daytime Phone #