2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State **DOCUMENT # P06000026788** 04-09-2007 90099 014 ***150.00 1. Entity Name BREVIK VETERINARY SERVICES, INC. Mailing Address Principal Place of Business 40055314 5518 CENTRAL AVENUE 5518 CENTRAL AVENUE ST. PETERSBURG, FL 33707 US ST. PETERSBURG, FL 33707 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREVIK, LISA M Number is Not Acceptable) 4701 88TH AVE N. 409 PINELLAS PARK, FL 33782 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 fegistered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. President Brevik, Lisam ☐ Delete TITLE Change . ☐ Addition TITLE BREVIK, LISA NAME NAME 5218 34m Ave W. STREET ADDRESS 4701 88TH AVE N. APT. 409 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-ZIP Bradenton reasurer ☐ Addition TITLE ☐ Delete TITLE BREVIK, LISA M Brevik, Lisam NAME NAME 5218 34n Ave W. 4701 88TH AVE. N. APT. 409 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 CITY-ST-7IP 34209 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. Thereby 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 like empowered. Lisa Brevik 415167 7273472 442 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR