

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075820

FILED
Feb 02, 2009
Secretary of State

Entity Name: ALL CREATURES ANIMAL CLINIC, INC.

Current Principal Place of Business:

1019 W PIPKIN RD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

1019 W PIPKIN RD
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-3217185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATTER, WILLIAM A
1019 W PIPKIN RD
LAKELAND, FL 33811 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: PD () Delete
Name: LATTER, WILLIAM A
Address: 2907 DEERBROOK CT
City-St-Zip: LAKELAND, FL 33811

Title: VSTD () Delete
Name: LATTER, SUE A
Address: 2907 DEERBROOK CT
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LATTER, WILLIAM A
Address: 2711 COVENTRY AVE
City-St-Zip: LAKELAND, FL 33803

Title: VSTD (X) Change () Addition
Name: LATTER, SUE A
Address: 2711 COVENTRY AVE
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A. LATTER

PD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date