2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # K54426 R. STOCKER, D.V.M., P.	4 .					04-17-20	_		
Principal Plac	e of Business	Mailing	g Address			9				
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13160 JACQI	JELINE RO. JE, FL 34613		13160 JACQUELINE RD. BROOKSVILLE, FL 34613			1				
DINOONSVILL	L, IL 34013	DROO	MOVILLE, IL 340	13						
1								HI BILA BILI II	DI ANDIN ANGIN AK	
2. Principal P	Place of Business - No P.O. Box #	3. Maili	ing Address							
4269	BISCAYNE DR	426	4269 BISCAYNE DR			1 10810111 081 1	ILIKI MIRIY BINTO IIRIN C	III) DIEH EINI H	BIS GLUIN BIBNI GER	ill es i ii i e e i
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			04142008	Chg-P	CD2E	34 (12/06)	
L						04142000	Clig-r	CRZE	134 (12/00)	
City & Stat		City 8	City & State			4. FEI Number			Ar	oplied For
HERN	IANDO BEACH FL	HE	HERNANDO BEACH		FL	65-0092014			No	ot Applicable
Zip	Country -	Zip		Coun	itry	S Cortificate o	f Status Desired		\$8.75 Add	ditional
i	34607			34	1607	J. Certificate o	Glatus Desireu	ш	Fee Require	ıd
	6. Name and Address of Curre	t Registered	d Agent			7. Name and A	ddress of New	Registered	Agent	
					Name					
	R, WILLIAM R.		├ .		Ctroot Addrso	ss (P.O. Box Number	ia Nat Assessa			
	CQUELINE RD.				Street Addres	iss (F.O. DOX NUMBE	is Not Acceptat	ile)		
BROOKS	/ILLE, FL 34613				_					
	C.					BISCAYNE D	RIVE			
					City HERN	NANDO BEACH		FL	Zip Cod	ჩ 07
R The above	named entity submits this statement	for the purpo	ose of changing its	register	ed office or regis	istered agent, or both	in the State of F	iorida Lam		
						totorod agont, or both			1217117627 171617	
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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 like empowered.

SIGNATURE: WILLI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM STOCKER 1 4/14/08