2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 346104

1. Entity Name
PENSACOLA VETERINARY HOSPITAL INC

Principal Place of Business	Mailing Address
804 NEW WARRINGTON RD PENSACOLA, FL 32506	804 NEW WARRINGTON RD PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2442720	Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, L.C.
804 NEW WARRINGTON ROAD
PENSACOLA, FL 32506

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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 _____

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
After May 1, 2005 Fee will be $550.00

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

U000000263063
03/14/05-80080-013 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	P		
NAME	MOORE, L. C. (DVM)		
STREET ADDRESS	804 NEW WARRINGTON RD.		
CITY-ST-ZIP	PENSACOLA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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: _L.C. Moore, D.VM_   3/11/05   (850)453-2373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #