2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 416898

1. Entity Name

BAYSHORE ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
1511 FLORIDA BLVD BRADENTON FL 34207-5855	1511 FLORIDA BLVD BRADENTON FL 34207-5855

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1438183 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSSLER, MICHAEL A
1511 FLA BLVD
BRADENTON FL 33507

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 _____ DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	☐ Delete
NAME	BEAMER, JAMES A	
STREET ADDRESS	1511 FLORIDA BLVD	
CITY-ST-ZIP	BRADENTON, FL 33507	
TITLE	SD	☐ Delete
NAME	MOSSLER, TERESA R	
STREET ADDRESS	1511 FLORIDA BLVD	
CITY-ST-ZIP	BRADENTON, FL 33507	
TITLE	PD	☐ Delete
NAME	MOSSLER, MICHAEL A	
STREET ADDRESS	1511 FLORIDA BLVD	
CITY-ST-ZIP	BRADENTON, FL 33507	
TITLE	TD	☐ Delete
NAME	BEAMER, SALLY A	
STREET ADDRESS	1511 FLORIDA BLVD	
CITY-ST-ZIP	BRADENTON, FL 33507	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	000000445822 03/07/06 80065-002 150.00	☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Sally Beamer, Treasurer

SIGNATURE: Sally Beamer, Treas. 2/6/06 941 756-5544

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