

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419338

FILED
Jan 30, 2004
Secretary of State

Entity Name: PANAMA ANIMAL HOSPITAL INC

Current Principal Place of Business:

2509 HWY 77
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2509 HWY 77
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-1472067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, JOHN F.
304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401

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: VD () Delete
Name: AHERENE, RENEE
Address: 438 VENETIAN WAY
City-St-Zip: LYNN HAVEN, FL

Title: SD () Delete
Name: NEWSOM, STACEY
Address: 366 E. MAIN APT 201
City-St-Zip: GRANTSVILLE, UT

Title: PD () Delete
Name: BUTTS, GERALD E,
Address: 1738 WINWOOD LANE
City-St-Zip: LYNN HAVEN, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: AHERENE, RENEE L MS
Address: 237 LULLWATER DRIVE
City-St-Zip: PANAMA CITY, FL 32413

Title: SD (X) Change () Addition
Name: NEWSOM, STACEY A DR.
Address: 4 ALISON WAY
City-St-Zip: COLUMBIA, SC 29229

Title: PD (X) Change () Addition
Name: BUTTS, GERALD E DR.
Address: 1738 WINWOOD LANE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GERALD BUTTS

PRES

01/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date