

**-2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 046 ***150.00

DOCUMENT # 429495

1. Entity Name

CRESTVIEW ANIMAL CLINIC, INC.



Principal Place of Business

402 JAMES LEE BLVD WEST
CRESTVIEW FL 32536
US

Mailing Address

402 JAMES LEE BLVD WEST
CRESTVIEW FL 32536
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1469557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, RICHARD F
402 JAMES LEE BLVD WEST
CRESTVIEW FL 32536

delete

Name *Pyle, Donald R.*

Street Address (P.O. Box Number is Not Acceptable)

402 James Lee Blvd. West

City

Crestview

FL

Zip Code

32536

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

Donald R Pyle, DUM

Donald R. Pyle, P.V.M.

Jan. 17, 2006

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when changing registered office or registered agent, or both, in the State of Florida. DATE: *Jan. 17, 2006*)

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

\$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HILL, RICHARD F	
STREET ADDRESS	402 JAMES LEE BLVD WEST	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PYLE, DONALD R	
STREET ADDRESS	402 JAMES LEE BLVD WEST	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pyle, Donald R	
STREET ADDRESS	402 James Lee Blvd. West	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyner, Amy	
STREET ADDRESS	402 James Lee Blvd. West	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Donald R Pyle, DUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06 850-682-2706

Date

Daytime Phone #