


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 439479		
1. Entity Name ANIMAL MEDICAL CLINIC, INC.		
Principal Place of Business 4006 SOUTH FLORIDA AVE LAKELAND, FL 33813	Mailing Address 4006 SOUTH FLORIDA AVE LAKELAND, FL 33813	



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MADDOX, ANDERSON R P.A. 37 N ORANGE AVE SUITE 500 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JACKSON, W F 4006 SOUTH FLA AVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, R. M. 4006 SOUTH FLA AVE LAKELAND, FL 33813
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04/01/05-80006-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Pres Anne** 3/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **8636 1475**