

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 444221 1. Entity Name BLANDING BOULEVARD ANIMAL HOSPITAL, INC.					
Principal Place of Business 5610 BLANDING BLVD JACKSONVILLE FL 32244			Mailing Address 5610 BLANDING BLVD JACKSONVILLE FL 32244		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1510551 <div style="float: right;"> <input type="checkbox"/> Applied Fee <input type="checkbox"/> Not Applied </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent CASLER, WILLIAM F. 502 FLORIDA NATIONAL BANK BLDG., ST. PETERSBURG FL 33701				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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 Mo. Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	HITE, STEPHEN C.	NAME	U000000418853		
STREET ADDRESS	5610 BLANDING BLVD	STREET ADDRESS	02/14/06-80024-012 150.00		
CITY-ST-ZIP	JAX. FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	HITE, BETTY L.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	4851 KING RICHARD RD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP	JAX. FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	SASSARD, CHERYL E.	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS	4215 SOUTHPOINT BLVD.	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add		
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add		
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		

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: Stephen C. Hite 2-8-06 (904) 771-602