


**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91043 008 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 461116</b>					
1. Entity Name JOHN P. PILARCZYK, D.V.M., P.A.					
Principal Place of Business 8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637-5808			Mailing Address 8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL 33637-5808		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1551382	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PILARCZYK, JOHN P. 8410 EAST TEMPLE TERRACE HIGHWAY TEMPLE TERRACE, FL			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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"/> Addition
NAME	PILARCZYK, JOHN P.		NAME		
STREET ADDRESS	514 GARRARD		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PILARCZYK, KATHLEEN A.		NAME		
STREET ADDRESS	514 GARRARD		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PILARCZYK, JOHN P.		NAME		
STREET ADDRESS	514 GARRARD		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PILARCZYK, KATHLEEN A.		NAME		
STREET ADDRESS	514 GARRARD		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PILARCZYK, JOHN P.		NAME		
STREET ADDRESS	514 GARRARD		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PILZRCZYK, KATHLEEN A.		NAME		
STREET ADDRESS	514 GARRARD		STREET ADDRESS		
CITY - ST - ZIP	TEMPLE TERRACE, FL		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>John P. Pilarczyk</i>		John P. P. Larczyk		Date: 4/22/04	
				Daytime Phone #: (813) 985-6761	