2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# 475788

Entity Name: RAWLS VETERINARY HOSPITAL, INC.

Current Principal Place of Business:

127 EAST MASON AVE.
DAYTONA BEACH, FL 321175034

New Principal Place of Business:

Current Mailing Address:

127 EAST MASON AVE.
DAYTONA BEACH, FL 321175034

New Mailing Address:

635 EAST RIDGEWOOD AVE
ORMOND BEACH, FL 32174

FEI Number: 59-1594876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAWLS, JR., BENJAMIN H
635 E. RIDGEWOOD AVE.
ORMOND BEACH, FL 32174 US

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: PD ( ) Delete
Name: RAWLS JR., BENJAMIN H
Address: 635 E. RIDGEWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: HARPER, JOE A
Address: 3855 NOVA RD.
City-St-Zip: PORT ORANGE, FL 32127

Title: ST ( ) Delete
Name: STONER, DONALD J
Address: 601 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: STONER, DONALD J
Address: 340 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BENJAMIN H RAWLS,JR PD 02/15/2006
Electronic Signature of Signing Officer or Director Date