


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90021 043 \*\*\*150.00

**DOCUMENT # 488845**

1. Entity Name  
**ALFRED P. MARSHALL, D.V.M., P.A.**




Principal Place of Business      Mailing Address

**3445-A EAST BAY DR.  
LARGO, FL 33771 US**      **3445-A EAST BAY DR.  
LARGO, FL 33771**

**DO NOT WRITE IN THIS SPACE**

40033000



03022006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1629875</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARSHALL, ALFRED P.  
3445-A EAST BAY DR.  
LARGO, FL 33771**

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PD MARSHALL, ALFRED P. 3445-A EAST BAY DR. LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARSHALL, LAUREL A. 3445-A EAST BAY DR LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Alfred A Marshall    Laurel A. Marshall    7/14/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

40099058

WINSTON E. BRYANT, P.A.

CERTIFIED PUBLIC ACCOUNTANT

140 OVERBROOK BOULEVARD

BELLEAIR BLUFFS, FL 33770

TEL/FAX (727) 581-1538

#48845

July 9, 2006

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314-6198

Re: Alfred P. Marshall, D.V.M., P.A.

Gentlemen:

The above referanced client has requested that I write you concerning their 2006 For Profit Corporation Annual Report.

On April 7, 2006 a report was filed with a payment check attached. This was apparently lost in the mail as the check never cleared their account. As proof this happened a copy of the payment record is enclosed.

Also enclosed is another signed annual report and payment check in the amount of \$150.00.

We regret this occurred and request that you accept the enclosed as a timely filing before May 1, 2006.

Respectfully,

*Winston E. Bryant*

Winston E. Bryant CPA

CC: Alfred P. Marshall, President

ATTACHMENT

40099058

#488845

EAST BAY ANIMAL HOSPITAL  
Department of State

corporation annual report

4/7/2006

27750

150.00

PAYMENT  
RECORD

Bank of America - Ch corporation annual report- 591629875

150.00

To Reorder-Please Call JIM WILLIAMS 1-800-433-3373 J-539