


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 491736 1. Entity Name COLONIAL ANIMAL HOSPITAL, INC.	
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Principal Place of Business COLONIAL ANIMAL HOSPITAL 127 SE 15TH AVE. BOYNTON BCH, FL 33435	Mailing Address COLONIAL ANIMAL HOSPITAL 127 SE 15TH AVE. BOYNTON BCH, FL 33435
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1641465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEEGE, JAMES F.
19 SABAL ISLAND DR.
BOYNTON BEACH, FL 33435

**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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000082950 03/10/04-80019-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEEGE, JAMES F. 19 SABAL ISLAND DRIVE OCEAN RIDGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEEGE, JAMES 19 SABAL ISLAND DR. OCEAN RIDGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEGE, JAMES 19 SABAL ISLAND DRIVE OCEAN RIDGE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: James F. Weege 8 Mar 04 561-737-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #