## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

changed, or on an attachment with an address,

SIGNATURE:

## May 01, 2006 08:00 Al Secretary of State **DOCUMENT #537313** DONALD WILLIAM DENOFF, D.V.M., P.A. Principal Place of Business Mailing Address 530 SANDS ROAD 530 SANDS ROAD BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 CR2E034 (11/05) 04282006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1761909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENOFF, DONALD WILLIAM DVM DO NOT WRITE 530 SANDS ROAD BIG PINE KEY, FL 33043 IN THIS SPACE 8. The above named entity submits this statement for the purpose of cital aling its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen SIGNATURE (NOTE, Registered Agent signature required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 333 F NAME DENOFF, DONALD W DVM 530 SANDS ROAD STREET ADDRESS BIG PINE KEY, FL 33043 CITY-ST-7/P TITLE NAME 000000552385 05/15/06-80009-008 150.00 STREET ADDRESS CITY-ST-ZIP MIE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 11111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this regular as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empo

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