


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 589167 |  |
| 1. Entity Name BAYCREST ANIMAL CLINIC, INC. | |

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|--|--|
| Principal Place of Business 5819 MEMORIAL HIGHWAY TAMPA FL 33615 | Mailing Address 5819 MEMORIAL HIGHWAY TAMPA FL 33615 |
|--|--|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

| | | |
|---|--|--|
| 4. FEI Number 59-1851074 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HINES, JAMES P 315 HYDE PARK AVENUE TAMPA FL 33606 | | 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 NAME STREET ADDRESS CITY - ST - ZIP | PV SAUNDERS, ALLEN D. 5819 MEMORIAL HIGHWAY TAMPA FL 33615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000804404 04/06/07-80031-006 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MORGAN, ANDERA 5819 MEMORIAL HWY TAMPA FL 33615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/26/07** **813-856-9866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #