2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# 602926

Entity Name: JACKSON VETERINARY PRACTICE, P.A.

Current Principal Place of Business:

1925 AIA S
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1925 AIA S
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-1352092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKETT, RACHEL S
795 KINGS ESTATE RD
ST AUGUSTINE, FL 32086 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: SEYMOUR, W. GOODWIN,
Address: 3653 CRAZY HORSE TRL
City-St-Zip: ST. AUGUSTINE, FL

Title: VD ( ) Delete
Name: BECKETT, RACHEL,
Address: 795 KINGS ESTATE RD
City-St-Zip: ST AUGUSTINE, FL

Title: S (X) Delete
Name: MARGADANT, DANIELLA
Address: 2790 CR 13 A SOUTH
City-St-Zip: ELKTON, FL 32033

Title: S ( ) Delete
Name: CRABB, STEPHANIE
Address: 1612 BAY HAWK LN.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RACHEL BECKETT VD 04/18/2008

Electronic Signature of Signing Officer or Director Date