


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90979 002 ***150.00

DOCUMENT # 605148

1. Entity Name
KARL P. ACHENBACH, D.V.M., P.A.



Principal Place of Business
**15153 SW 15TH ST
 PEMBROKE PINES, FL 33027 US**

Mailing Address
**PMB #141
 1650 E. STATE ST.
 HERMITAGE, PA 16148 US**

2. Principal Place of Business
15841 PINES BLVD.

3. Mailing Address
15841 PINES BLVD.

Suite, Apt. #, etc.
#187

Suite, Apt. #, etc.
#187

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33027

Country
USA

Zip
33027

Country
USA



04272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1517309

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ACHENBACH, KARL P.
 15153 SW 15TH ST
 PEMBROKE PINES, FL 33027**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**15841 PINES BLVD.
 #187**

City
PEMBROKE PINES FL

Zip Code
33027

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]* **KARL ACHENBACH** *[Signature]* **4/29/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD ACHENBACH, KARL P. 15153 SW 15TH ST PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15841 PINES BLVD. #187 PEMBROKE PINES, FL 33027
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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 exemption stated in Section 119.07(3)(l), 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 empowerers.

SIGNATURE: *[Signature]* **KARL ACHENBACH** *[Signature]* **4/29/05** **724301490**

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