

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90010 004 \*\*\*150.00

**DOCUMENT # 626728**

1. Entity Name

FORD EQUINE HOSPITAL, INC.



Principal Place of Business

~~10035 NW US HWY 27~~ 405 S.E. 15<sup>th</sup> AVE  
OCALA, FL ~~34482~~ US  
34471

Mailing Address

~~10035 NW US HWY 27~~ 405 S.E. 15<sup>th</sup> AVE  
OCALA, FL ~~34482~~ US  
34471



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1912641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORD, JACQUES

~~10035 NW US HWY 27~~ 405 S.E. 15<sup>th</sup> AVE.  
OCALA, FL ~~34482~~  
34471

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS  
NAME FORD, JACQUES  
STREET ADDRESS ~~10035 NW US HWY 27~~ 405 S.E. 15<sup>th</sup> AVE  
CITY-ST-ZIP OCALA, FL ~~00000~~ 34471

TITLE PTD  
NAME FORD, JACQUES  
STREET ADDRESS ~~10035 NW US HWY 27~~ 405 S.E. 15<sup>th</sup> AVE  
CITY-ST-ZIP OCALA, FL ~~00000~~ 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jacques Ford* (JACQUES FORD) 3/25/08 352-598-3261