

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90015 036 ***150.00

DOCUMENT # 630033

1. Entity Name
JOSEPH R. PRIEST, D.V.M., P.A.



Principal Place of Business
**14962 N FLORIDA AVE
TAMPA, FL 33613**

Mailing Address
**14962 N FLORIDA AVE
TAMPA, FL 33613**

2. Principal Place of Business
14016 SHADY SHORES DR
Suite, Apt. #, etc.

3. Mailing Address
14016 SHADY SHORES DR
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33612

Country

Zip
33612

Country

01282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1926388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRIEST, JOSEPH R.
809 WEST BEARSS AVENUE
TAMPA, FL 33613**

Name

Street Address (P.O. Box Number is Not Acceptable)

14016 SHADY SHORES DR

City **TAMPA**

FL

Zip Code **33612**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
PRIEST, JOSEPH R, DVM
14016 SHADY SHORES DR
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TV
PRIEST, DOLORES
14016 SHADY SHORES DR
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

President 1/31/04 813 963 7385