

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 OR

3. Mailing Address
14016 SHADY SHORES OR

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**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
14016 SHADY SHORES OR
 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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PRIEST, JOSEPH R, DVM 14016 SHADY SHORES DR TAMPA, FL <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	TV PRIEST, DOLORES 14016 SHADY SHORES DR TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE: Joseph R. Priest President 1/31/04 813 963 7388
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #