



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 630033																																										
1. Entity Name JOSEPH R. PRIEST, D.V.M., P.A.																																										
Principal Place of Business 14016 SHADY SHORES DR. TAMPA, FL 33613	Mailing Address 14016 SHADY SHORES DR. TAMPA, FL 33613	 03172008 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-1926388</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-1926388	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent PRIEST, JOSEPH R. 14016 SHADY SHORES DR. TAMPA, FL 33613		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 _____ (NOTE: Registered Agent signature required when retreating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">PSD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">PRIEST, JOSEPH R, DVM</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">14016 SHADY SHORES DR</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">TAMPA, FL 33613</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">TV</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">PRIEST, DOLORES</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">14016 SHADY SHORES DR</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">TAMPA, FL 33613</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	PSD	NAME	PRIEST, JOSEPH R, DVM	STREET ADDRESS	14016 SHADY SHORES DR	CITY-ST-ZIP	TAMPA, FL 33613	TITLE	TV	NAME	PRIEST, DOLORES	STREET ADDRESS	14016 SHADY SHORES DR	CITY-ST-ZIP	TAMPA, FL 33613	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE <div style="text-align: left; margin-top: 20px;">000000486742 04/13/06-80048-017 150.00</div>
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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: <u>J.R. Priest DVM</u> <u>J.R. Priest</u> 3/25/06 813 963-7385		Date Daytime Phone #																																								