2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 630033

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

Principal Place of Business	Mailing Address
14016 SHADY SHORES DR. TAMPA, FL 33613	14016 SHADY SHORES DR. TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1926388		Not Applicable

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

6. Name and Address of Current Registered Agent

PRIEST, JOSEPH R.
14016 SHADY SHORES DR.
TAMPA, FL 33613

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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 re-instating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS

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	

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CITY-ST-ZIP	

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: _Joseph R. Priest DVM_   Joseph Priest   3/16/07   813 963738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #