


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90009 035 \*\*\*155.00

<b>DOCUMENT # 656863</b>	
1. Entity Name <b>ARTHUR J. NESTVED, D.V.M., P.A.</b>	

Principal Place of Business <b>15 SUMMERSET TERRACE CASSELBERRY, FL 32707</b>	Mailing Address <b>PO BOX 540272 ORLANDO, FL 32854-0272 US</b>
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**54036754**

2. Principal Place of Business <b>15 SUMMERSET TERRACE CASSELBERRY, FL 32707</b>	3. Mailing Address <b>Above</b>
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04142004 Chg-P CR2E034 (10/03)

Zip <b>32707</b>	Country <b>US</b>	Zip	Country
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4. FEI Number <b>59-1969634</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NESTVED ARTHUR J 8 W. VANDERBILT ST. ORLANDO, FL 32804</b>	
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7. Name and Address of New Registered Agent <b>ARTHUR J. NESTVED 15 SUMMERSET TERRACE CASSELBERRY, FL 32707</b>	
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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 <u>Arthur J. Nestved</u> <i>[Signature]</i> DATE <u>4-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <del>NESTRED, ANTHONY T</del> <i>← unknown never heard of this Person</i> PO BOX 32854 ORLANDO, FL 328540272 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres Nestved, Arthur J 15 SummerSet Terrace Casselberry FL 32707</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Arthur J Nestved</u> <i>[Signature]</i> DATE <u>4-15-04</u> DAYTIME PHONE # <u>407 467 4150</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	