

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674513

FILED
Apr 28, 2004
Secretary of State

Entity Name: ACADEMY ANIMAL HOSPITAL OF WEST PALM BEACH, INC.

Current Principal Place of Business:

429 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

429 BELVEDERE ROAD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 59-2056042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNZ, RICHARD O
429 BELVEDERE ROAD
STE 900
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

KUNZ, RICHARD O
429 BELVEDERE ROAD
WEST PALM BEACH, FL 33405 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/28/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: KUNZ, RICHARD O
Address: 429 BELVEDERE ROAD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD O. KUNZ

Electronic Signature of Signing Officer or Director

PTSD

04/28/2004

Date