

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000001542

1. Entity Name
ANIMAL HEALTH SUPPLIES, INC.



Principal Place of Business
**6551 BROADWAY AVENUE
JACKSONVILLE, FL 32205 US**

Mailing Address
**1880 COUNTRY FARM DR.
NAPERVILLE, IL 60563 US**

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
37-1406284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	HEJNAL, DIRK
STREET ADDRESS	1880 COUNTRY FARM DR.
CITY-ST-ZIP	NAPERVILLE, IL 60563
TITLE	DP
NAME	FOSTER, VERN
STREET ADDRESS	6551 BROADWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	BARD, ROBERT H
STREET ADDRESS	6551 BROADWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	DST
NAME	MCCURDY, RAY
STREET ADDRESS	1880 COUNTRY FARM DRIVE
CITY-ST-ZIP	NAPERVILLE, IL 60563
TITLE	DVGM
NAME	DYNNESON, DENNIS MD
STREET ADDRESS	6551 BROADWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/05-80050-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05 680-369-810D

Date

Daytime Phone #