


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 09, 2005 08:00 AM  
Secretary of State

**DOCUMENT # F40196**  
1. Entity Name  
**WILLIAM H. LOVETT, JR., D.V.M., P.A.**



Principal Place of Business  
**1927 US HWY 17 NORTH  
WAUCHULA, FL 33873 US**

Mailing Address  
**1927 US HWY 17 NORTH  
WAUCHULA, FL 33873 US**



01222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2093856**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOVETT, WILLIAM H. JR.  
1927 US HWY 17 NORTH  
WAUCHULA, FL 33873**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LOVETT, WILLIAM H., JR. 1927 US HWY 17 NORTH WAUCHULA, FL
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**DO NOT WRITE IN THIS SPACE**

100000221761  
02/09/05-800-46-005 150.00

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 empowers.

**SIGNATURE:** \_\_\_\_\_ **863-773-2424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #