
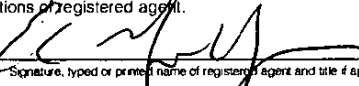
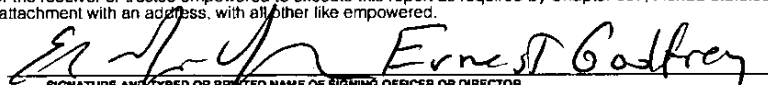


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90032 014 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # F50865 1. Entity Name PINELLAS ANIMAL HOSPITAL/BIRD CLINIC, INC. | | | |  | |
| Principal Place of Business 8490 49TH STREET N. PINELLAS PARK, FL 34665 | | | Mailing Address 8490 49TH STREET N. PINELLAS PARK, FL 34665 | | |
| 2. Principal Place of Business 7791 52 ST | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Pinellas Park | | City & State | | 4. FEI Number 59-2138434 | |
| Zip 33781 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GODFREY, ERNEST C. 8490 49TH STREET N. PINELLAS PARK, FL 33565 | | | 7. Name and Address of New Registered Agent Name Godfrey, Ernest Street Address (P.O. Box Number is Not Acceptable) 7791 52 ST Pinellas Park FL Zip Code 33781 | | |
| 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  DATE 3-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GODFREY, ERNEST 8490 49 STREET N PINELLAS PARK, FL 00000, | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5 Wallen, Mandy 7791 52 ST Pinellas Park FL 33781 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RUSHING, REINA 8490 49 STREET, N. PINELLAS PARK, FL 33778 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Godfrey Ernest 7791 52 ST Pinellas Park FL 33781 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELMER, DAVID 8490 49ST NW PINELLAS PARK, FL 33781 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Elmer, David 7791 52 ST Pinellas Park FL 33781 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| <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:  Ernest Godfrey 3-11-05 727 546 0005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |