

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F55896

1. Entity Name
TIMBERLANE ANIMAL HOSPITAL, INC.



Principal Place of Business

426 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

Mailing Address

426 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2150206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHEL, GAEA, D.V.M.
426 TIMBERLAND ROAD
TALLAHASSEE, FL 32312

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHEL, GAEA 426 TIMBERLAND RD TALLAHASSEE, FL
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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:

Gaea Mitchell DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAEA MITCHEL DVM 850-893-3112
29 MAR 05 Daytime Phone #