


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F55896</b>	
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
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DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

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
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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)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHEL, GAEA 426 TIMBERLAND RD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/09/06-80038-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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 Mitchel DVM GAEA MITCHEL DVM 26 Apr 06 850-893-3112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #