

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2150206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 Gaea Mitchell DVM Gaea Mitchell DVM (pres) 26 Jan 07
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, 2007 Fee will be \$550.00**

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

U00000609642
02/01/07-80058-015 150.00

10. OFFICERS AND DIRECTORS

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

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CITY-ST-ZIP

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CITY-ST-ZIP

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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 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 Gaea Mitchell DVM 26 Jan 07 850-893-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #