

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F62998

FILED
Jan 29, 2007
Secretary of State

Entity Name: KEITH W. CREEDEN, D.V.M., P.A.

Current Principal Place of Business:

2500 W HWY 434
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2500 W HWY 434
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2145610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, WILLIAM H.
7100 S HWY 17-92
FERNPARK, FL 32730 US

Name and Address of New Registered Agent:

CREEDEN, KEITH
2500 W HWY 434
LONGWOOD, FL 32779 US

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.

SIGNATURE: KEITH CREEDEN

01/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROCKMAN, JAMES L
Address: 2500 W HWY 434
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MAGALDINO, CHLOE H
Address: 2500 W. HWY 434
City-St-Zip: LONGWOOD, FL 32779

Title: P () Delete
Name: CREEDEN, KEITH W
Address: 2500 W HWY 434
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HUTCHISON, JOHN P
Address: 2500 W HWY 434
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH CREEDEN

P

01/29/2007

Electronic Signature of Signing Officer or Director

Date