

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F76953

FILED
Mar 01, 2007
Secretary of State

Entity Name: MAX G. EASOM, D.V.M., P.A.

Current Principal Place of Business:

6155 S. FLORIDA AVE.
SUITE 14
LAKELAND, FL 33813

New Principal Place of Business:

6800 N. CHURCH AVENUE
MULBERRY, FL 33860

Current Mailing Address:

6155 S. FLORIDA AVE.
SUITE 14
LAKELAND, FL 33813

New Mailing Address:

6800 N. CHURCH AVENUE
MULBERRY, FL 33860

FEI Number: 59-2183687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASOM, MAX G
5312 LUNN RD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EASOM, MAX G
Address: 5312 LUNN RD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAX G. EASOM

PD

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date