

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81611

FILED
Jul 12, 2006
Secretary of State

Entity Name: KANDRA L. JONES, D.V.M., P.A.

Current Principal Place of Business:

11587 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11587 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-2544393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, KANDRA
11587 SAN JOSE BLVD.
JACKSONVILLE, FL 32223 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: P () Delete
Name: BLANKENSHIP, KANDRA, L.
Address: 4781 RAGGEDY PT. ROAD
City-St-Zip: ORANGE PARK, FL

Title: VPS () Delete
Name: BLANKENSHIP, RICHARD
Address: 4781 RAGGETY PT RD
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: BLANKENSHIP, RICHARD
Address: 4781 RAGGEDY PT RD
City-St-Zip: JACKSONVILLE, FL 32223

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: RICHARD BLANKENSHIP

VPS

07/12/2006

Electronic Signature of Signing Officer or Director

_____ Date