


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F88587**  
 1. Entity Name  
 PALM BAY ANIMAL CLINIC, INC.



Principal Place of Business      Mailing Address  
 % DONALD R. CAST      % DONALD R. CAST  
 3970 NE DIXIE HWY      3970 NE DIXIE HWY  
 PALM BAY, FL 32905      PALM BAY, FL 32905



D1092006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2207856      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAST, DONALD R.  
 3970 DIXIE HWY, N.E.  
 PALM BAY, FL 32905

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000987131  
 01/19/06-80027-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAST, DONALD R
STREET ADDRESS	12 HIGHLAND DR
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	D
NAME	CAST, BRENDA K
STREET ADDRESS	12 HIGHLAND DR
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Donald R. Cast      DONALD R. CAST      1/17/06      3217254609  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #