


**- 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F89581 1. Entity Name RYLAND, SCHOTMAN & MATTHEWS, D.V.M.'S, P.A.	
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Principal Place of Business 520 MOUNTAIN LAKE CUTOFF RD. LAKE WALES, FL 33859	Mailing Address 520 MOUNTAIN LAKE CUTOFF RD. LAKE WALES, FL 33859
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-F CR2E034 (11/05)

4. FEI Number 59-2205220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RYLAND, A. FLEET III, DV
520 MOUNTAIN LAKE CUTOFF RD.
LAKE WALES, FL 33859**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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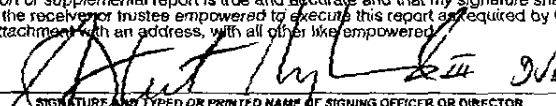
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYLAND, A. FLEET III, DV 520 MOUNTAIN LAKE CUTOFF ROAD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHOTMAN, THOMAS B DVM 520 MOUNTAIN LAKE CUTOFF ROAD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MATTHEWS, MICHAEL R DVM 520 MOUNTAIN LAKE CUTOFF ROAD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, WADE M 520 MOUNTAIN LAKE CUTOFF ROAD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/01/06-80013-001 150.00

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:  **2/9/06 863-676-1451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #