

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90082 043 ***150.00

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1. Entity Name
BURNS VETERINARY SUPPLY, INC.



Principal Place of Business
**3890 PARK CENTRAL BOULEVARD NORTH
POMPAÑO BEACH, FL 33064**

Mailing Address
**865 MERRICK AVE
WESTBURY, NY 11590 US**

14000408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

11-2587370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SORACI, JUSTINA
865 MERRICK AVE.
WESTBURY, NY 11590**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVP ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CAPUTO, MICHAEL
865 MERRICK AVE.
WESTBURY, NY 11590**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**KAHN, LAURA
865 MERRICK AVE
WESTBURY, NY 11590**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASHKIN, SHELIA
3890 PARK CENTRAL BLVD NORTH
POMPAÑO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASHKIN, CARL
865 MERRICK AVE.
WESTBURY, NY**

TITLE Director ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ashkin, Carl
865 Merrick Avenue
Westbury, NY 11590**

TITLE CD ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASHKIN, MICHAEL
3890 PARK BLVD NORTH
POMPAÑO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #