

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G04277

FILED  
Apr 18, 2011  
Secretary of State

Entity Name: FERRY PASS ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

% CLINTON J CHEW, JR  
8065 NORTH 9TH AVENUE  
PENSACOLA, FL 325146462

## New Principal Place of Business:

% CLINTON J CHEW, JR  
8065 NORTH 9TH AVENUE  
PENSACOLA, FL 32514

## Current Mailing Address:

% CLINTON J CHEW, JR  
8065 NORTH 9TH AVENUE  
PENSACOLA, FL 325146462

## New Mailing Address:

% CLINTON J CHEW, JR  
8065 NORTH 9TH AVENUE  
PENSACOLA, FL 32514

FEI Number: 59-2244915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHEW, CLINTON J., JR  
8065 NORTH 9TH AVENUE  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

CHEW, CLINTON J., JR  
8065 NORTH 9TH AVENUE  
PENSACOLA, FL 32514 US

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: CLINTON J CHEW, JR.

04/18/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP  
Name: CHEW, CLINTON J, JR  
Address: 4520 MENEWA PATH  
City-St-Zip: PENSACOLA, 00000, FL 32504

Title: D  
Name: CHEW, NANCY JEAN  
Address: 4520 MENEWA PATH  
City-St-Zip: PENSACOLA, 00000, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: CLINTON J CHEW JR.

DP

04/18/2011

Electronic Signature of Signing Officer or Director

Date