


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G20141</b> 1. Entity Name <b>ZEPHYRHILLS VETERINARY CLINIC, INC.</b>	
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Principal Place of Business <b>8546 SR 159 NORTH BICKNELL, IN 47512</b>	Mailing Address <b>8546 SR 159 NORTH BICKNELL, IN 47512</b>
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1399296</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MASON, JAMES W. 5655 GALL BLVD. ZEPHYRHILLS, FL 33541</b>
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, JAMES W DVM 8546 SR 159 NORTH BICKNELL, IN 47512
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03/22/04-80045-024 150.00

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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: James Mason James Mason 3-15-04 812-735-3180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #