


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G20141  
 1. Entity Name  
 ZEPHYRHILLS VETERINARY CLINIC, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 8546 SR 159 NORTH \_\_\_\_\_ 8546 SR 159 NORTH  
 BICKNELL, IN 47512 \_\_\_\_\_ BICKNELL, IN 47512

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-1399296 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MASON, JAMES W.  
 5655 GALL BLVD.  
 ZEPHYRHILLS, FL 33541

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000272749  
 03/22/05-80016-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASON, JAMES W DVM
STREET ADDRESS	8546 SR 159 NORTH
CITY-ST-ZIP	BICKNELL, IN 47512
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 exemption stated in Section 119.07(3)(f), 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 W Mason James W Mason 3-15-05 812-735-3180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #