

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 020 ***150.00

DOCUMENT # G31313

1. Entity Name

CALLAWAY ANIMAL HOSPITAL, INC.



Principal Place of Business

247 N HWY 22A
PANAMA CITY FL 32404

Mailing Address

247 N HWY 22A
PANAMA CITY FL 32404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2313159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GERDE, JERRY W.
239 E. 4TH STREET
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name **ALLEN N. JELKS, JR., PA**
Street Address (P.O. Box Number is Not Acceptable)
576 MCKENZIE AVE
City **PANAMA CITY** FL Zip Code **32401**

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

Allen N. Jelks, Jr.
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

3-14-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME PALGUT, JEFFREY D.
STREET ADDRESS 5530 PINETREE ROAD
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE VT
NAME KORDA, NIKKI A.
STREET ADDRESS 5530 PINETREE ROAD
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeffrey D. Palgut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 850-763-4611

Date

Daytime Phone #