

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G78889

1. Entity Name
RONALD LYMAN, D.V.M., P.A.



Principal Place of Business

3984 S. U.S. 1
FT PIERCE, FL 34982

Mailing Address

3984 S. U.S. 1
FT PIERCE, FL 34982

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2356167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LYMAN, RONALD, D.V.M.
3984 S. U.S. 1
FT PIERCE, FL 34982

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LYMAN, RONALD, D.V.M.
STREET ADDRESS 3984 S. U.S. 1
CITY-ST-ZIP FT PIERCE, FL

TITLE V
NAME LYMAN, DEENA J
STREET ADDRESS 3984 S. U.S. 1
CITY-ST-ZIP FT PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000394844
01/26/06-80025-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/06 772 466 344