


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # H08723 1. Entity Name THOMAS JOSEPH MOLE, D.V.M., P.A.	
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Principal Place of Business CHERRY FORD ANIMAL HOSP ORLANDO, FL 32822 US	Mailing Address 6670 THE LANDINGS DR ORLANDO, FL 32812 US
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DO NOT WRITE IN THIS SPACE



01032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2480613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOLE, THOMAS JOSEPH
7321 CURRYFORD ROAD
ORLANDO, FL 32822

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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 rehashing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLE, THOMAS JOSEPH 6670 THE LANDINGS DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MOLE, SUSAN DENISE 6662 THE LANDINGS DR ORLANDO, FL
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01/26/04-80018-008 150.00

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: Thomas Mole Date: 1/21/04 Daytime Phone #: 4074385193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR