


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H08723**  
 1. Entity Name  
 THOMAS JOSEPH MOLE, D.V.M., P.A.



Principal Place of Business  
 CURRY FORD ANIMAL HOSP  
 ORLANDO, FL 32822 US

Mailing Address  
 6670 THE LANDINGS DR  
 ORLANDO, FL 32812 US

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-2480613

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MOLE, THOMAS JOSEPH  
 7321 CURRYFORD ROAD  
 ORLANDO, FL 32822

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	MOLE, THOMAS JOSEPH
STREET ADDRESS	6670 THE LANDINGS DRIVE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	O
NAME	MOLE, SUSAN DENISE
STREET ADDRESS	6670 THE LANDINGS DR
CITY-ST-ZIP	ORLANDO, FL 32812
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**

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 01/24/06-80013-024 150.00

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: Thomas Mole 1/15/06 4072155397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #