

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12652

FILED  
Jan 23, 2004  
Secretary of State

Entity Name: ADVENTURE ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615

## New Principal Place of Business:

8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615 US

## Current Mailing Address:

8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615

## New Mailing Address:

8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615 US

FEI Number: 59-1845146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONSACK, FRANK A.  
8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BONSACK, FRANK A.,  
Address: 8210 WESTRIDGE DR  
City-St-Zip: TAMPA, FL 33615 US

Title: DVS ( ) Delete  
Name: BONSACK, BARBARA G.,  
Address: 8210 WESTRIDGE DR  
City-St-Zip: TAMPA, FL 33615 US

Title: DV ( ) Delete  
Name: HULL, MARIA I.  
Address: 8 ULCO DRIVE #B  
City-St-Zip: FRANKLIN, NC 28734 US

Title: VD ( ) Delete  
Name: BEST, KATHY A.  
Address: 111 HUNTERS GLEN  
City-St-Zip: LUFKIN, TX 75904 US

Title: VD ( ) Delete  
Name: BONSACK, FRANK C  
Address: 8006 SUTTON TERRACE LANE  
City-St-Zip: TAMPA, FL 33615 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA G. BONSACK

DVS

01/23/2004

Electronic Signature of Signing Officer or Director

Date