


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90050 027 ***150.00

DOCUMENT # J84050

1. Entity Name
JENNIFER F. GONTAREK, D.V.M., P.A.



Principal Place of Business Mailing Address

509 E. JOHN SIMS PKWY 509 E. JOHN SIMS PKWY
 NICEVILLE, FL 32578 NICEVILLE, FL 32578



2. Principal Place of Business 3. Mailing Address

509 E. John Sims Pkwy *509 E. John Sims*

Suite, Apt. #, etc. Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State City & State

Niceville FL *Niceville, FL*

Zip Country Zip Country

32578 USA *32578* *USA*

4. FEI Number Applied For

59-2862315 Not Applicable

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

6. Name and Address of Current Registered Agent

FORTUNE, JENNIFER F
509 E. JOHN SIMS PKWY
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNE, JENNIFER F	NAME	
STREET ADDRESS	509 E JOHN SIMS PKWY	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEPHEN W	NAME	
STREET ADDRESS	4732 CONNOR DR	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32539	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, ELIZABETH	NAME	
STREET ADDRESS	122 WRIGHT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPPSTEIN, STEPHAN	NAME	
STREET ADDRESS	170 EDGE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO, FL 32580	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jennifer F. Gontarek* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

_____ **4/20/04** **850-678-2002**

_____ Date Daytime Phone #