## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 07, 2005 08:00 AM **DOCUMENT # J93266** Secretary of State 1. Entity Name CARÉ ANIMAL HOSPITAL OF BRANDON, INC. Principal Place of Business \_ Mailing Address % RICHARD KANE % RICHARD KANE 511 E. BLOOMINGDALE AVENUE 511 E. BLOOMINGDALE AVENUE BRANDON, FL 33511 BRANDON, FL 33511 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2845917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANE, RICHARD DO NOT WRITE 511 E. BLOOMINGDALE AVENUE BRANDON, FL 33511 IN THIS SPACE 3. 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 printigal name of perstered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS me DΡ NAME KANE, RICHARD 511 E. BLOOMINGDALE AVE STREET ADDRESS U00000218328 CITY-ST-ZIP BRANDON, FL 02/07/05-80060-015 150.00 mr NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP mm F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 list rue and accurate and that my signature shall have the same legal effect as if made under earlt; 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:

STREET ADDRESS CITY-ST-ZIP