

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05695

FILED  
Aug 16, 2004  
Secretary of State

Entity Name: CENTRAL FLORIDA ACADEMY OF VETERINARY MEDICINE, INC.

**Current Principal Place of Business:**

C/O ERNEST C. GODFREY  
8490 49TH STREET NORTH  
PINELLAS PARK, FL 346651551

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST C. GODFREY  
8490 49TH STREET NORTH  
PINELLAS PARK, FL 346651551

**New Mailing Address:**

FEI Number: 59-2920890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODFREY, ERNEST C.  
8490 49TH STREET NORTH  
PINELLAS PARK, FL 33565

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GODFREY, ERNEST C., JR.  
Address: 10770 NINA ST.  
City-St-Zip: LARGO, FL

Title: D ( ) Delete  
Name: GOLDSTON, RICHARD T.,  
Address: 3295 62 AVE. NO.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: BELLHORN, TED L.,  
Address: 421 HILLCREST ST.  
City-St-Zip: OVIDO, FL

Title: D ( ) Delete  
Name: ACKERMAN, CLIFTON W.,  
Address: 13345 KIRBY SMITH RD.  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BELLHORN, TED L.,  
Address: 421 HILLCREST ST.  
City-St-Zip: OVEIDO, FL

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: ERNEST GODFREY

D

08/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date