

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05695

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ERNEST C. GODFREY
7791 52 ST
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST C. GODFREY
7791 52 ST
PINELLAS PARK, FL 33781

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 DVM
7791 52 ST
PINELLAS PARK, FL 33781 US

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: 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: OVEIDO, 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: () 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 exemption stated 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 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

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date