

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 049 ***150.00

K50615	
VET SPECIALTIES, INC.	

224 N COMMON WEALTH AVE POLK CITY, FL 33868 US	PO BOX 638 POLK CITY, FL 33868-0638 US
---------------------------------------------------	-------------------------------------------

50013742



	P.O. Box 93010
	Lakeland, FL 33804-3010

02042005 Chg-P CR2E034 (10/03)

59-2919853

☐ \$8.75 Additional
Fee Required

WEIRATHER, ANTHONY D 224 N COMMONWEALTH AVE POLK CITY, FL 33868	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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	WEIRATHER, ANTHONY D	224 N COMMONWEALTH AVE	POLK CITY, FL 33868				
	WEIRATHER, PAMELA M	224 N COMMONWEALTH AVE	POLK CITY, FL 33868				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Daytime Phone #