2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90356 022 ***150.00

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04222005 Chg-P CR2E034 (10/03)

DOCUMENT # K80302

1. Entity Name
ANIMAL HEALTHCARE LABS, INC.

Principal Place of Business	Mailing Address
1440 E 21ST ST JACKSONVILLE, FL 32206 US	PO BOX 3172 JACKSONVILLE, FL 32206 US

2. Principal Place of Business		3. Mailing Address	
540 E. 3RD STREET			
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Jacksonville, FL		City & State	
Zip: 32206	Country: US	Zip	Country

4. FEI Number: 75-2055136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHIOTO, RONALD T.
1440 E 21ST STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name: Ghioto, Ronald T.
Street Address (P.O. Box Number is Not Acceptable): 1096 E. 18th Street
City: Jacksonville FL Zip Code: 32206

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHIOTO, RONALD T. 1440 E 21ST STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ghioto, Ronald T. 540 E. 3RD Street Jacksonville, FL 32206	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHIOTO, GREGORY C 1440 E 21ST STREET JACKSONVILLE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ghioto, Gregory C. 540 E. 3RD Street Jacksonville, FL 32206	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Gregory C. Ghioto Gregory C. Ghioto 4/22/05 904-355-6019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #