

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20128

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** HAWTHORNE & HAWTHORNE, D.V.M., P.A.

**Current Principal Place of Business:**

170 SW PROFESSIONAL GLN  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

170 SW PROFESSIONAL GLN  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 59-2966100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, WILLIAM THOMAS, JR.  
2554 BLANDING BLVD.  
SUITE B  
MIDDLEBURG, FL 32068

**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: P ( ) Delete  
Name: HAWTHORNE, KEVIN,DVM,  
Address: HIGHWAY 41 SOUTH  
City-St-Zip: LAKE CITY, FL

Title: ST ( ) Delete  
Name: HAWTHORNE, TRACY DVM,  
Address: HIGHWAY 41 SOUTH  
City-St-Zip: LAKE CITY, FL

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

Title: P (X) Change ( ) Addition  
Name: HAWTHORNE, KEVIN DVM  
Address: 171 SW KING ST  
City-St-Zip: LAKE CITY, FL 32024

Title: ST (X) Change ( ) Addition  
Name: HAWTHORNE, TRACY DVM  
Address: 171 SW KING ST  
City-St-Zip: LAKE CITY, FL 32024

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: KEVIN HAWTHORNE

PRES

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date