

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 MAY -3 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L36862

1. Entity Name

COLLINGSWOOD ANIMAL HOSPITAL, INC.



Principal Place of Business

17928 TOLEDO BLADE BLVD
PT CHARLOTTE FL 33948
US

Mailing Address

17928 TOLEDO BLADE BLVD
PT CHARLOTTE FL 33948
US



2. Principal Place of Business

1419 Collingswood Blvd
Suite, Apt. #, etc.

3. Mailing Address

1419 Collingswood Blvd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

65-0166019

Applied For

Not Applicable

Zip

33948

Country

USA

Zip

33948

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLARREAL, ALEXANDER
17928 TOLEDO BLADE
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name Alexander Villarreal

Street Address (P.O. Box Number is Not Acceptable)

1419 Collingswood Blvd

City

Port Charlotte

FL

Zip Code

33948

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

Alexander Villarreal

4-14-2006

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME VILLARREAL, ALEXANDER
STREET ADDRESS 17928 TOLEDO BLADE
CITY-ST-ZIP PORT CHARLOTTE FL 33948
> SAME AS ABOVE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800075218368
05/25/06--01007--005 **200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Alexander Villarreal

4-14-2006

941-625-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

110