

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90035 038 ***158.75

DOCUMENT # L78519

1. Entity Name

PAUL E. ARNONE, D.V.M., P.A.



Principal Place of Business

C/O PAUL E. ARNONE
7121 SOUTHEAST MARICAMP ROAD
OCALA FL 34472

Mailing Address

C/O PAUL E. ARNONE
7121 SE MARIKAMP ROAD
OCALA FL 34472



2. Principal Place of Business

7121 SE MARICAMP RD
Suite, Apt. #, etc.

3. Mailing Address

SILVER SPRING SHORES
Suite, Apt. #, etc. ANIMAL HOSPITAL
7121 SE MARICAMP RD

1st MOORE

CR2E034 (10/05)

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-3019766

Applied For

Not Applicable

Zip

34472

Country

MARION

Zip

34472

Country

MARION

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNONE, PAUL E.
7121 SE MARIKAMP ROAD
OCALA FL 34472

MARICAMP RD

7. Name and Address of New Registered Agent

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

Paul E. Arnone

(NOTE: Registered Agent signature required when revesting)

1/28/06

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 D ☐ Delete
NAME ARNONE, PAUL E. D.V.M.
STREET ADDRESS 3280 SE 56TH AVE
CITY-ST-ZIP Ocala FL 34471

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Paul E. Arnone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06

DATE

352 687 3866

Daytime Phone #