

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51595

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: H.O. FERGUSON, DVM, P.A.

## Current Principal Place of Business:

6897 NW HWY 225A  
OCALA, FL 34482 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 770607  
OCALA, FL 344770607 US

## New Mailing Address:

FEI Number: 59-2803927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERGUSON, H.O.  
6897 NW HWY 225A  
OCALA, FL 34482 US

## 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: PD ( ) Delete  
Name: FERGUSON, H.O.  
Address: P.O. BOX 189  
City-St-Zip: ORANGE LAKE, FL 32681 US

Title: VPD ( ) Delete  
Name: HAMMOCK, PHILLIP D  
Address: 15109 WEST HWY 318  
City-St-Zip: WILLISTON, FL 32696 US

Title: STD ( ) Delete  
Name: BONENCLARK, GREGORY D  
Address: 7454 NW 45TH LANE  
City-St-Zip: OCALA, FL 34482 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAMMOCK, PHILLIP D  
Address: 15109 WEST HWY 318  
City-St-Zip: WILLISTON, FL 32696 US

Title: VPD (X) Change ( ) Addition  
Name: FERGUSON, H O  
Address: P.O. BOX K  
City-St-Zip: MCINTOSH, FL 32664 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILLIP D. HAMMOCK

PRES

03/28/2008

Electronic Signature of Signing Officer or Director

Date