

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001753

1. Entity Name
VETSPACE, INC.



Principal Place of Business
**4800 SW 13TH ST
GAINESVILLE, FL 32608 US**

Mailing Address
**PO BOX 452
GAINESVILLE, FL 32602 US**

DO NOT WRITE IN THIS SPACE



01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3251229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROLLER, BARBARA L
8806 NE WALDO RD
GAINESVILLE, FL 32609**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCMAHON, BETTY DR.
4131 NW 13TH ST., SUITE 207
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HOTT, GLORIA
4800 SW 13TH ST.
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ROLLER, BARBARA L
8806 NW WALDO RD
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
OTIS, CHANDLER
713 N.W. 11TH AVENUE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000445014
03/07/06-80026-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 352-219-2086
Date Daytime Phone