

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000001907**

1. Entity Name  
**LAWRENCE T. MADDREN, DVM, P.A.**



Principal Place of Business  
**RIVER OAKS  
 2700 BLUFF RD.  
 APALACHICOLA, FL 32320**

Mailing Address  
**RIVER OAKS  
 2700 BLUFF RD.  
 APALACHICOLA, FL 32320**

U00000091454  
 03/18/04-80003-014 150.00



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3643716** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MADDREN, LAWRENCE  
 RIVER OAKS  
 2700 BLUFF RD.  
 APALACHICOLA, FL 32320**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: **PSTD**  
 NAME: **MADDREN, LAWRENCE**  
 STREET ADDRESS: **RIVEROAKS 2700 BLUFF RD**  
 CITY - ST - ZIP: **APALACHICOLA, FL 32320**

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY - ST - ZIP: \_\_\_\_\_

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TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY - ST - ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Lawrence Maddren **17 MARCH 2004** **850-653-8608**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #