


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90026 026 ***150.00

DOCUMENT # P00000001907 1. Entity Name LAWRENCE T. MADDREN, DVM, P.A.	
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Principal Place of Business RIVER OAKS 2700 BLUFF RD. APALACHICOLA, FL 32320	Mailing Address RIVER OAKS 2700 BLUFF RD. APALACHICOLA, FL 32320
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50000151



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MADDREN, LAWRENCE RIVER OAKS 2700 BLUFF RD. APALACHICOLA, FL 32320
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSTD MADDREN, LAWRENCE RIVEROAKS 2700 BLUFF RD APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

New Mailing Address:
Maddren, Lawrence
P.O. Box 1000
Apalachicola, Florida
32329
Thank you.

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 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 T. Maddren DVM* *Lawrence T. Maddren DVM* *10 March 2008* *850-653-8608*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #