

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000005386

1. Entity Name
MICANOPY ANIMAL HOSPITAL, INC.



Principal Place of Business

**306 N. E. HWY. 441
MICANOPY, FL 32667**

Mailing Address

**306 N.E. HWY. 441
MICANOPY, FL 32667**



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEARSON, MOLLY M
306 N. E. HWY. 441
MICANOPY, FL 32667**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000445913
03/07/06-00068-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPVS
PEARSON, MOLLY M
306 N. HWY. 441
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PEARSON, DANIEL W
306 N. HWY. 441
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director after 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

2/20/06 352-466-0067