


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000005399					
1. Entity Name TOMOKA PINES VETERINARY HOSPITAL, INC.					
Principal Place of Business 750 SOUTH NOVA ROAD ORMOND BEACH FL 32174			Mailing Address 750 SOUTH NOVA ROAD ORMOND BEACH FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3625895	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C. GUY BOND, ESQUIRE 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, KENNETH K DR.		NAME		
STREET ADDRESS	51 CANTEBURY WOODS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, SUSAN L DR.		NAME		
STREET ADDRESS	51 CANTEBURY WOODS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, DAVID DR.		NAME		
STREET ADDRESS	2829 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35209		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05 386 (623137)
Date Daytime Phone #