ANNUAL REPORT

DOCUMENT # P00000013338

1. Entity Name

JITY-ST-ZIP

SAN JUAN ANIMAL HOSPITAL, INC.



FILED Mar 21, 2007 08:00 AM Secretary of State

Principal Place of Business

4519 SAN JUAN AVENUE JACKSONVILLE, FL 32210-2094 Mailing Address

4519 SAN JUAN AVENUE JACKSONVILLE, FL 32210-2094





6. Name and Address of Current Registered Agent

BENNETT, GREGORY 2879 GRANDE OAKS WAY GREEN COVE SPRINGS, FL 32043

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am fam	iliar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	nd Agent signature i	equired when reinstating)	DATE	
FiLE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		<u> </u>	150.00	
10.	OFFICERS AND DIREC	CTORS		,		
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2. Thereby 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTION Date Date Date Date