2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
ANIMAL EYE CENTER OF DESTIN, P.A.

Principal Place of Business
127 HWY 98 E
SUITE 11-B
DESTIN, FL 32541

Mailing Address
127 HWY 98 E
SUITE 11-B
DESTIN, FL 32541

01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3676667
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, JAMES D DVM
127 HWY 98 E SUITE 11-B
DESTIN, FL 32541

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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: X. James D Carter Mary P. Carter 1-19-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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

U00000397539
01/30/06-80052-025 150.00

OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, JAMES D
STREET ADDRESS	100 SEASCAPE DR #85B
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	D
NAME	CARTER, MARY PATRICIA
STREET ADDRESS	100 SEASCAPE DR #85B
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	D
NAME	CARTER, JOHN P
STREET ADDRESS	5151 HIGHLAND RD
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X. James D Carter 1-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #