

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000097415

1. 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**

DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. 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

000000810060
02/08/08-80047-023 150.00

**DO NOT WRITE
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-08