


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000117170  
 1. Entity Name  
 GRANT ANIMAL CLINIC, INC.



Principal Place of Business: 4982 SOUTH U.S. HIGHWAY 1, GRANT, FL 32949  
 Mailing Address: 4982 SOUTH U.S. HIGHWAY 1, GRANT, FL 32949

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3688845  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 HENDERSON, STEVE L ESQ.  
 817 BEACHLAND BOULEVARD  
 VERO BEACH, FL 32963

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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	BECKETT, KATHERINE A
STREET ADDRESS	5562 LOBLOLLY PLACE
CITY-ST-ZIP	GRANT, FL 32949
TITLE	D
NAME	BECKETT, GLEN A
STREET ADDRESS	5562 LOBLOLLY PLACE
CITY-ST-ZIP	GRANT, FL 32949
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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 04/13/05-80037-011 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_