

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000001527 1. Entity Name SHARN VETERINARY, INC.	
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Principal Place of Business 12950 N. DALE MABRY HWY TAMPA, FL 33618-2806	Mailing Address 12950 N. DALE MABRY HWY TAMPA, FL 33618-2806
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691549	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHULTZ, ANDREW W
12706 CASEY ROAD
TAMPA, FL 33618-8802**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000605231 1/30/07-80026-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULTZ, ANDREW W 12706 CASEY ROAD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHULTZ, BEATRICE 12706 CASEY RD TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHULTZ, ANDREW W JR 4626 WESTFORD CIR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINDLEY, SAMANTHA 3914 IVY RD ATLANTA, GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 as an attachment with an address, with all other filers approved.

Andrew W. Schultz