

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020638

FILED
May 04, 2004
Secretary of State

Entity Name: VETERINARY ASSISTANT SCHOOLS OF FLORIDA, INC.

Current Principal Place of Business:

3505 FORSYTH RD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

3505 FORSYTH RD
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3523212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LARRY
3505 FORSYTH RD
WINTER PARK, FL 32792

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADKINS, LARRY
Address: 3521 FORSYTH RD.
City-St-Zip: WINTER PARK, FL 32792

Title: V () Delete
Name: MARTINEZ, MARGARET
Address: 3521 FORSYTH RD.
City-St-Zip: WINTER PARK, FL 32792

Title: ST (X) Delete
Name: SPINSBY, ELIZAETH
Address: 3521 FORSYTH RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ADKINS

PD

05/04/2004

Electronic Signature of Signing Officer or Director

Date