


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

07-22-2005 90021 034 ***150.00

DOCUMENT # P01000021535 1. Entity Name BARTOW ANIMAL CARE HOSPITAL, INC.					
Principal Place of Business 775 W. MAIN ST. BARTOW FL 33830			Mailing Address 775 W. MAIN ST. BARTOW FL 33830		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3703980 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DUNLAP, GEORGE T III 245 S. CENTRAL AVE. BARTOW FL 33830	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD SMITH, QUINTON D JR. 1185 RICHLAND RD. BARTOW FL 33830 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD SMITH, ALISON F 1185 RICHLAND RD. BARTOW FL 33830 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Q. D. Smith Jr</u> <u>QUINTON D. SMITH, JR</u> <u>7-15-05</u> <u>863-533-4402</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
PO10000021535

Bartow Animal
Care Hospital
phone: 863-533-4402



66026510
775 West Main Street
Bartow, FL 33830
fax: 863-533-8522

TO WHOM IT MAY CONCERN
WE ONLY RECEIVED THIS NOTICE
IN JULY. PLEASE WAIVE THE ~~\$~~400.00
LATE FEE. THANK YOU.

Quinto D. Smith

From the desk of Dwaine Smith