2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000025869

1. Entity Name
ETHEL D. LINDSEY, D.V.M., P.A.

Principal Place of Business	Mailing Address
380 COLUMBIA DRIVE STE 111	380 COLUMBIA DRIVE STE 111
WEST PALM BEACH, FL 33409	WEST PALM BEACH, FL 33409

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01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1082328	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
~~941 FOURTH STREET #200~~ 11380 Prosperity Farms
~~MIAMI BEACH, FL 33139~~ Rd #221E
Palm Beach Gardens, FL 33410

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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_____
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	LINDSEY, ETHEL D
STREET ADDRESS	1305 N.BROOM ST # 309
CITY-ST-ZIP	WILMINGTON, DE 19806

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _Ethel Lindsey DVM_ Ethel Lindsey DVM 1/23/08   561-301-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #