


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000064137	
1. Entity Name ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.	

Principal Place of Business 11915 U.S. 27 SOUTH SEBRING, FL 33876	Mailing Address 11915 U.S. 27 SOUTH SEBRING, FL 33876
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3732063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, WENDELL D 11915 U.S. 27 SOUTH SEBRING, FL 33876	DO NOT WRITE IN THIS SPACE
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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 W.D. Anderson, DVM DATE 3/9/05
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ANDERSON, WENDELL D DVM 15 NOTRE DAME STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ANDERSON, ROSALYNN B 15 NOTRE DAME STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ANDERSON, DAVID 101 BAYVIEW DRIVE LAKE PLACID, FL 33852
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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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: W.D. Anderson, DVM DATE 3/9/05 DAYTIME PHONE # 863-665-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR