

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90067 001 \*\*\*150.00

**60017616**



01312006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000064137</b>					
1. Entity Name <b>ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.</b>					
Principal Place of Business 11915 U.S. 27 SOUTH SEBRING, FL 33876			Mailing Address 11915 U.S. 27 SOUTH SEBRING, FL 33876		
2. Principal Place of Business 11751 Twitty Road		3. Mailing Address 11751 Twitty Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 59-3732063	
Zip 33876		Country USA		Applied For Not Applicable	
Zip 33876		Country USA		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			7. Name and Address of New Registered Agent Name Wendell D. Anderson Street Address (P.O. Box Number is Not Acceptable) 11751 Twitty Road City Sebring FL Zip Code 33876		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	DP ANDERSON, WENDELL D DVM 15 NOTRE DAME STREET LAKE PLACID, FL 33852 <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	DTS ANDERSON, ROSALYNN B 15 NOTRE DAME STREET LAKE PLACID, FL 33852 <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	DVP ANDERSON, DAVID 101 BAYVIEW DRIVE LAKE PLACID, FL 33852 <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 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: <i>W.D. Anderson, DVM</i>			Date: 2/14/06 863-655-3155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		