2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# P01000117644

Entity Name: FULLER VETERINARY CLINIC, INC.

Current Principal Place of Business:

852 S.R. 21 NORTH
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

630 N. WILD OLIVE AVE.
SUITE A
DAYTONA BEACH, FL 32118 US

New Mailing Address:

630 NORTH WILD OLIVE AVE.
SUITE A
DAYTONA BEACH, FL 32118 US

FEI Number: 04-3617215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPE, A. BICE
408 WEST UNIVERSITY AVENUE
SUITE #406
GAINESVILLE, FL 32601

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FULLER, DAVID D JR
Address: 630 N. WILD OLIVE AVE., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DVP ( ) Delete
Name: FULLER, PATRICIA S
Address: 10897 KRUGERAND LN.
City-St-Zip: JACKSONVILLE, FL 32218

Title: DST ( ) Delete
Name: FULLER, JOHN R
Address: 1102 SW 80TH TERR.
City-St-Zip: GAINESVILLE, FL 32607

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: DAVID D. FULLER, JR. DP 01/05/2004

Electronic Signature of Signing Officer or Director Date