

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117644

FILED  
Apr 26, 2005  
Secretary of State

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

## New Mailing Address:

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 US

## 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: DVP (X) Change ( ) Addition  
Name: FULLER, PATRICIA S  
Address: 16 N.W. 20TH TERR.  
City-St-Zip: GAINESVILLE, FL 32603

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

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date