


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90309 016 \*\*\*158.75

**DOCUMENT # P02000043676**

1. Entity Name  
**ANASTASIA CAT CLINIC, INC.**



Principal Place of Business  
**1340 OLD DIXIE HWY  
 SAINT AUGUSTINE, FL 32086**

Mailing Address  
**62 LIGHTHOUSE AVE.  
 ST. AUGUSTINE, FL 32080**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**1340 OLD DIXIE HWY**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
**ST. AUGUSTINE FL**

Zip  
**32084**

Country  
**ST. JOHNS**

03082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0709161**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INTERNOSCIA, DAVID  
 3149 PONCE DE LEON BLVD., UNIT #7  
 ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name  
**ASHLEY K. PAPER**

Street Address (R.O. Box Number is Not Acceptable)  
**1340 OLD DIXIE HWY**

City  
**ST. AUGUSTINE FL**

Zip Code  
**32084**

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 *Lea Ashley Keefe Paper DVM* Lea Ashley Keefe Paper DVM, President DATE **3-12-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PAPER, ASHLEY K 62 LIGHTHOUSE AVE. ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Lea Ashley Keefe Paper DVM* **3-12-04** **9048242287**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #