

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000047187

1. Entity Name

MICHAEL P. RENNIE, D.V.M., P.A.



Principal Place of Business

1196 GULFBREEZE PARKWAY
GULF BREEZE, FL 32561

Mailing Address

1196 GULFBREEZE PARKWAY
GULF BREEZE, FL 32561



06082006

No Chg-P

CR2E034 (11/05)

4. FEI Number

04-3653522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RENNIE, MICHAEL P D.V.M.
1196 GULFBREEZE PARKWAY
GULF BREEZE, FL 32561

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000567234
06/15/06-80003-005 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME RENNIE, MICHAEL P D.V.M.
STREET ADDRESS 1196 GULFBREEZE PARKWAY
CITY-ST-ZIP GULF BREEZE, FL 32561

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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:

Michael P. Rennie DVM MICHAEL P. RENNIE 6/9/06 8509325534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #