

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 029 ***150.00

DOCUMENT # P02000054599

1. Entity Name
ANIMAL WELLNESS CENTER, INC.



Principal Place of Business

2315 ATLANTIC BEACH BLVD.
FORT PIERCE, FL 34949

Mailing Address

2315 ATLANTIC BEACH BLVD.
FORT PIERCE, FL 34949

34061222

2. Principal Place of Business

8535-20th ST.
Suite, Apt. #, etc.

3. Mailing Address

8535-20th ST.
Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

51-0426194

Applied For
Not Applicable

Zip

32966

Country

Indian Riv

Zip

32966

Country

Indian Riv

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, GILBERT R.
2315 ATLANTIC BEACH BLVD.
FORT PIERCE, FL 34949

7. Name and Address of New Registered Agent

Name

James Matera

Street Address (P.O. Box Number is Not Acceptable)

13 Plantation Drive, Unit 205

City

Vero Beach

FL

Zip Code

32966

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

James J. Matera James J. Matera Treasurer 4-20-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KENNEDY, SARAH BLAIN D.V.M.
STREET ADDRESS 316 13TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE DV ☐ Delete
NAME KENNEDY, GILBERT R.H.
STREET ADDRESS 2315 ATLANTIC BEACH BLVD.
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Change ☐ Addition
NAME James Matera
STREET ADDRESS 13 Plantation Drive, Unit 205
CITY-ST-ZIP Vero Beach, FL 32966

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #