## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P02000076244**

1. Entity Name JOHN E. TAYLOR, D.V.M., P.A.



Principal Place of Business

SIGNATURE:

1230 SOUTH MYRTLE AVENUE SUITE 105 CLEARWATER, FL 33756

Mailing Address

1230 SOUTH MYRTLE AVENUE SUITE 105 CLEARWATER, FL 33756

### 

**FILED** 

Jul 12, 2004 08:00 AM

**Secretary of State** 

### DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2051598 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLSON, WILLIAM M 1230 SOUTH MYRTLE AVENUE SUITE 105 CLEARWATER, FL 33756

# DO NOT WRITE IN THIS SPACE

7/04

8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tit	e if applicable QNOTE. Registered	Agent signatura	required when reinstating)	_ DAYE
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Finant Trust Fund Contribution.	cing .	\$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 DIRE	CTORS			
RITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TAYLOR DVM, JOHN E 13916 75TH AVENUE SEMINOLE, FL 33776				Unongo <b>165</b> 738 07/12/04- <b>8</b> 0025-021, 150 <b>.00</b>
TIPLE NAME STREET ADDRESS CITY-ST-ZIP					011 (2704-00025-021, 150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE
TRILE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-7P					

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.

SIGNING OFFICER OR DIRECTOR