

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129857

FILED
Apr 14, 2009
Secretary of State

Entity Name: AFFORDABLE PET VACCINATION COMPANY

Current Principal Place of Business:

3440 RUSTIC ROAD
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

3440 RUSTIC ROAD
NOKOMIS, FL 34275 US

New Mailing Address:

4031 BARBARY LANE
NORTH PORT, FL 34287 US

FEI Number: 04-3697308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, LORI A DVM
4031 BARBARY LANE
NORTH PORT, FL 34287 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: D () Delete
Name: MOORE, LORI A DVM
Address: 4031 BARBARY LANE
City-St-Zip: NORTH PORT, FL 34287

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORE, LORI A DVM
Address: 4031 BARBARY LANE
City-St-Zip: NORTH PORT, FL 34287 US

Title: MR () Change (X) Addition
Name: CONDE, LAZARO H
Address: 4031 BARBARY LANE
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORI A MOORE DVM

OWNE

04/14/2009

Electronic Signature of Signing Officer or Director

Date