


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2004 90039 014 ***150.00

DOCUMENT # P02000135292 1. Entity Name CRAIG T. ROBERTS, DVM, INC.																													
Principal Place of Business 2901 SW 41ST STREET SUITE 1009 PADDOCK OCALA, FL 34474			Mailing Address PO BOX 772324 OCALA, FL 34477																										
2. Principal Place of Business 10720 NW 53rd Terrace			3. Mailing Address <i>Same</i>																										
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____																										
City & State Gainesville, FL			City & State _____																										
Zip 32653		Country USA		Zip _____																									
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6. Name and Address of Current Registered Agent ROBERTS, CRAIG T DMV 2901 SW 41ST STREET SUITE 1009 PADDOCK PK. OCALA, FL 34474				7. Name and Address of New Registered Agent Name Craig T. Roberts, DVM Street Address (P.O. Box Number is Not Acceptable) 17020 10720 NW 53rd Terrace City Gainesville FL Zip Code 32653																									
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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: <u><i>SSS</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>2/6/04</u> (352) 812-8667 Daytime Phone #																									

54009687



01202004 Chg-P CR2E034 (10/03)

4. FEI Number
06-1670574

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, CRAIG T DMV
2901 SW 41ST STREET SUITE 1009 PADDOCK PK.
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name
Craig T. Roberts, DVM
 Street Address (P.O. Box Number is Not Acceptable)
17020 10720 NW 53rd Terrace
 City
Gainesville **FL** Zip Code **32653**

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 *SSS* (NOTE: Registered Agent signature required when reinstating) DATE 2/6/04

**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

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SIGNATURE: *SSS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/6/04 (352) 812-8667
Daytime Phone #