

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Gainesville, FL

City & State

Zip 32653

Country USA

Zip

Country

6. Name and Address of Current Registered Agent

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

Name

Craig T. Roberts, DVM

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

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

5/5

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CRAIG T 2901 SW 41ST STREET SUITE 1009 PADDOCK PK. OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ROBERTS, CRAIG T 10720 NW 53rd Terrace Gainesville, FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SKR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/04 (352) 812-8667

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

02-23-2004 90039 014 \*\*\*150.00

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

7. Name and Address of New Registered Agent

Craig T. Roberts, DVM

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

10720 NW 53rd Terrace

City

Gainesville

FL

Zip Code 32653