2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Apr 06, 2005 08:00 AM
*Secretary of State

941) 776-9027 Daystimo Phone *

| | ANNUAL | REPORT | <u> </u> | _ | Secretary of State |
|--|--|--|---------------------|--|---|
| DOCU | MENT # P030000489 | 928 | | | Secretary or State |
| 1. Entity Nam | ne | * | | | |
| IROPICA | AL VETERINARY SERVICES | , PA | | | |
| Principal Plac | ce of Business | Mailing Address | <u> </u> | 1 | |
| P 0 B0X 62 | | P O BOX 625 | | | |
| Parrish, Fl | . 34219 | PARRISH, FL 34219 | | | |
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| DO NOT WHITE IN THIS SPAC | | | | 4. FEI Numb 51-046 | |
| | | | | | CQ 75 Additional |
| | 1 71, 1 14 | | <u> </u> | 5. Certificate | of Status Desired Fee Required |
| 6. Name and Address of Current Registered Agent | | | | | |
| | S, PAMELA | | | DO | NOT WRITE |
| 13651 HIGHLAND ROAD | | | | | |
| PARRISH, FL 34219 | | | IN THIS SPACE | | |
| | | | | | Ì |
| 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 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| EII | .E NOW!!! FEE IS \$150.00 | 9. Election Campaign Fina | ncing \$5. | .00 May Be | |
| After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | | | ed to Fees | U00000230454 |
| 10. | OFFICERS AND D | IRECTORS | T | | 94/86/05-80066 013 ISU.U |
| TITLE | D | | 1 | | |
| NAME STREET ADDRESS | MCGINNIS, PAMELA P O BOX 625 | | I | | |
| CITY-ST-ZIP | PARRISH, FL 34219 | | 1 | | |
| TITLE | | | 1 | | |
| NAME | 1 | | | | |
| STREET ADORESS CITY-ST-ZJP | | | Į. | | |
| TITLE | | <u> </u> | - | | |
| NAME | | | İ | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
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| CITY-ST-ZIP | | | ├ ── | | |
| TITLE NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby o | certify that the information supplied with the | nis filing does not qualify for the exe | mption stated in Se | ction 119.07(3) | (i), Florida Statutes. I further certify that the information |
| of the cor | rporation or the receiver or trustee empow | ered to execute this report as required all other like among and | red by Chapter 607 | same legal effec 7, Florida Statute | ot as it made under oath; that I am an officer or director se; and that my name appears in Block 10 or Block 11 if |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | |