

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059625

FILED  
Feb 10, 2006  
Secretary of State

Entity Name: LANELLE H. WALL, D.V.M., P.A.

## Current Principal Place of Business:

3301 CRILL AVE  
PALATKA, FL 32177

## New Principal Place of Business:

## Current Mailing Address:

3301 CRILL AVE  
PALATKA, FL 32177

## New Mailing Address:

FEI Number: 51-0469843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALL, LANELLE H  
3301 CRILL AVE  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

WALL, LANELLE H DVM,PA  
3301 CRILL AVE  
PALATKA, FL 32177 US

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: LANELLE H. WALL DVM,PA

02/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: WALL, LANELLE H  
Address: 3301 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: WALL, LANELLE H  
Address: 3301 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: WALL, LANELLE H DVM,PA  
Address: 3301 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change ( ) Addition  
Name: WALL, LANELLE H DVM,PA  
Address: 3301 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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: LANELLE H. WALL DVM,PA

PVST

02/10/2006

Electronic Signature of Signing Officer or Director

Date