

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061560

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** LYNN BARBARA HOLLADAY, D.V.M., P.A.

**Current Principal Place of Business:**

11212 TAMIAMI TRAIL  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

14482 INDIGO LAKES CIRCLE  
NAPLES, FL 34119 US

**New Mailing Address:**

11212 TAMIAMI TRAIL  
NAPLES, FL 34110 US

**FEI Number:** 35-2209615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKIPPER, SALLIE D ESQ  
SKIPPER & SKIPPER, P.A.  
5653 MAIN STREET  
NEW PORT RICHEY, FL 34652 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: PSTD  
Name: HOLLADAY, LYNN B  
Address: 14482 INDIGO LAKES CIRCLE  
City-St-Zip: NAPLES, FL 34119 US

I hereby 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 all other like empowered.

**SIGNATURE:** LYNN HOLLADAY

OWNE

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date