


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000088937 1. Entity Name SANTA ROSA ANIMAL CLINIC, INC.	
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Principal Place of Business 6709 NORTH AVENUE MILTON, FL 32570	Mailing Address 6709 NORTH AVENUE MILTON, FL 32570
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1183716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OWENS, MARTHA  
6709 NORTH AVENUE  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NANCY 6709 NORTH AVENUE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, MARTHA 6709 NORTH AVENUE MILTON, FL 32570
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01/24/05-80107-011 150.00

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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: X Martha Owens \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_