2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004
Secretary of State

DOCUMENT# P03000139275

Entity Name: HUMANE VET CARE, INC.

Current Principal Place of Business:

830 NORTH ATLANTIC AVENUE
B-1203
COCOA BEACH, FL 32931 US

New Principal Place of Business:

2100 N ATLANTIC AVE
1102
COCOA BEACH, FL 32931 US

Current Mailing Address:

830 NORTH ATLANTIC AVENUE
B-1203
COCOA BEACH, FL 32931 US

New Mailing Address:

2100 N ATLANTIC AVE
1102
COCOA BEACH, FL 32931 US

FEI Number: 83-0380428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPRARO, DAVID L DVM
830 NORTH ATLANTIC AVENUE
B-1203
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

CAPRARO, DAVID L DVM
2100 NORTH ATLANTIC AVENUE
1102
COCOA BEACH, FL 32931 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: 09/21/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEVEREAUX, MARY H
Address: 966 BRUNSWICK COURT
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP ( ) Delete
Name: CAPRARO, DAVID L DVM
Address: 830 NORTH ATLANTIC AVENUE B-1203
City-St-Zip: COCOA BEACH, FL 32931 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CAPRARO, DAVID L DVM
Address: 2100 NORTH ATLANTIC AVENUE 1102
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY DEVEREAUX P 09/21/2004
Electronic Signature of Signing Officer or Director Date