2906 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P04000033761 1. Entity Name 02-27-2006 90064 039 ***150.00 CONNECHUSETT ANIMAL HOSPITAL, T.T., INC. Principal Place of Business Mailing Address 11518 COUNTRY OAKS DR 12702 NORTH 56TH STREET TEMPLE TERRACE FL 33617 **TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address 18 Lackmoor Ave North Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 76-0752251 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required U.5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered JUKOFF, KEN O. Box Number is Not Acceptable) 11518 COUNTRY OAKS DRIVE TAMPA FL 33618 8. The above named entity submits this statement for the pur ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager SIGNATURE (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! -FEE IS \$159:00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. - Change Addition TITLE **PVST** Delete TITLE Jukoff, Ken 118 Lockmoor Ave North JUKOFF, KEN NAME NAME STREET ADDRESS STREET ADDRESS 11518 COUNTRY OAKS DRIVE CITY-ST-78 CITY-ST-7IP **TAMPA FL: 33618** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP -THLE ⊡-Delcte--HILE Change... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition INTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality take exemptions contained in Section 119, 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 employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute this proof that I am an officer or director of the corporation or the receiver or trustee employered to execute the corporation of of the corporation or the receiver or trustee employered to execute his if changed, or on an attachment with an address

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