

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90064 039 ***150.00

DOCUMENT # P04000033761	
1. Entity Name CONNCHUSETT ANIMAL HOSPITAL, T.T., INC.	

Principal Place of Business 12702 NORTH 56TH STREET TEMPLE TERRACE FL 33617	Mailing Address 11518 COUNTRY OAKS DR TAMPA FL 33618
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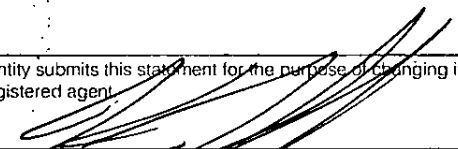
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 118 Lockmoor Ave North Suite, Apt. #, etc.
City & State Zip	City & State Temple Terrace FL Zip 33617
Country	Country USA



1st MOORE CR2E034 (10/05)

4. FEI Number 76-0752251	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUKOFF, KEN 11518 COUNTRY OAKS DRIVE TAMPA FL 33618	
7. Name and Address of New Registered Agent Name Jukoff, Ken Street Address (P.O. Box Number is Not Acceptable) 118 Lockmoor Ave North City Temple Terrace FL Zip Code 33617	

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 **2-11-06**

Signature: Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JUKOFF, KEN 11518 COUNTRY OAKS DRIVE TAMPA FL 33618 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jukoff, Ken 118 Lockmoor Ave North Temple Terrace, FL 33617 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the 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 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 an other like empowered.

SIGNATURE:  **2-11-06 727 446 3190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #