2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000033761

1. Entity Name
CONNECHUSETT ANIMAL HOSPITAL, T.T., INC.

Principal Place of Business	Mailing Address
12702 NORTH 56TH STREET TEMPLE TERRACE, FL 33617	118 LOCKMOOR AVE NORTH TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
76-0752251	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JUKOFF, KEN
118 LOCKMOOR AVE NORTH
TEMPLE TERRACE, FL 33617

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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000606473
01/30/07-80078-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	JUKOFF, KEN
STREET ADDRESS	118 LOCKMOOR AVE NORTH
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: _Kenneth E. Jukoff_ 1-24-07   727 446 3190

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