

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90133 031 \*\*\*150.00

**DOCUMENT # P04000120741**

1. Entity Name

YOUNG'S ANIMAL HOSPITAL, INC.



Principal Place of Business

767 HORSEMAN DRIVE  
PORT ORANGE FL 32127-4903

Mailing Address

767 HORSEMAN DRIVE  
PORT ORANGE FL 32127-4903

2. Principal Place of Business

1000 Cheney Highway  
Suite, Apt. #, etc.

3. Mailing Address

1000 Cheney Highway  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Titusville, FL

City & State

Titusville, FL

4. FEI Number

20-1513313

Applied For

Not Applicable

Zip

32780

Country

USA

Zip

32780

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH, MILHAUSEN & CARR, P.A.  
C/O JEFFREY P. MILHAUSEN, ESQ.  
2699 LEE ROAD, SUITE 120  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Karen L. McCranie

Street Address (P.O. Box Number is Not Acceptable)

767 Horseman Dr.

City

Port Orange

FL

Zip Code

32127

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

*Karen L. McCranie* S.T. Karen L. McCranie

(NOTE: Registered Agent signature required when reinstating)

3-1-05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MCCRANIE, LEON G  
STREET ADDRESS 767 HORSEMAN DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127-4903

TITLE ~~S.T.D.~~ ☐ Delete  
NAME ~~Karen L. McCranie~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.I.D ☒ Change ☐ Addition  
NAME Leon G. McCranie  
STREET ADDRESS 767 Horseman Dr.  
CITY-ST-ZIP Port Orange, FL 32127

TITLE S.T.D. ☐ Change ☒ Addition  
NAME Karen L. McCranie  
STREET ADDRESS 767 Horseman Dr.  
CITY-ST-ZIP Port Orange, FL 32127

TITLE P.I.D. ☐ Change ☒ Addition  
NAME Camille A. Young  
STREET ADDRESS 4910 St. Georges Ave.  
CITY-ST-ZIP Titusville, FL 32780

TITLE V.I.D ☐ Change ☒ Addition  
NAME Roger Young  
STREET ADDRESS 4910 St. Georges Ave.  
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Karen L. McCranie* S.T. Karen L. McCranie 3-1-05 761-8714 (386)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #