

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160287

Entity Name: EQUINE DENTAL SERVICE INC.

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

5100 HAYWOOD RUFFIN ROAD
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5100 HAYWOOD RUFFIN ROAD
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 02-0551104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSEL, ANGIE
5100 HAYWOOD RUFFIN ROAD
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: AUSEL, ANGIE
Address: 5100 HAYWOOD RUFFIN ROAD
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANGIE AUSEL

DT

02/17/2005

Electronic Signature of Signing Officer or Director

Date