

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000073766

1. Entity Name
CRYSTAL SPRINGS VETERINARY CLINIC, P.A.



Principal Place of Business
**2850 PAUL S. BUCHMAN HWY
ZEPHYRHILLS, FL 33540 US**

Mailing Address
**P. O. BOX 818
CRYSTAL SPRINGS, FL 33524 US**



07242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2960844

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MENDENHALL, GAIL A
2850 PAUL S. BUCHMAN HWY
ZEPHYRHILLS, FL 33540**

**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 *Paul A. Mendenhall* *Gail A. Mendenhall* *7/24/07*
(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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENDENHALL, GAIL A
STREET ADDRESS	2850 PAUL S. BUCHMAN HWY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	TRES
NAME	MENDENHALL, GAIL A
STREET ADDRESS	2850 PAUL S. BUCHMAN HWY
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	S
NAME	MENDENHALL, JEAN J
STREET ADDRESS	4426 BURROWS RD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/07-80003-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Paul A. Mendenhall, President* *Gail A. Mendenhall* *7/24/07 (813) 788-4511*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #