

2008 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 025 ***150.00

DOCUMENT # P05000091548

1. Entity Name

VET-PARTS, INC.



Principal Place of Business

149 RIBERIA ST
ST AUGUSTINE FL 32084

Mailing Address

149 RIBERIA ST
ST AUGUSTINE FL 32084

2. Principal Place of Business - No P.O. Box #

245 Wilkwood DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

LOT 63

Suite, Apt. #, etc.

City & State

ST AUGUSTINE

City & State

Zip

FL

Country

32086

Zip

Country

4. FEI Number

20-3035406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Michael Romano

Signature typed or printed name of registered agent and title (if applicable).

(If CTE Registered Agent signature required when submitting)

1-29-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 PD
NAME ROMANO, MICHAEL ☐ Delete
STREET ADDRESS 149 RIBERIA ST
CITY-STATE-ZIP ST AUGUSTINE FL 32084

TITLE VSTD
NAME MORISSETTE, MAURICE ☒ Delete
STREET ADDRESS 149 RIBERIA ST
CITY-STATE-ZIP ST AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-STATE-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 all other like empowered.

SIGNATURE:

Michael Romano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08 904-797-1810

Date

Daytime Phone #