
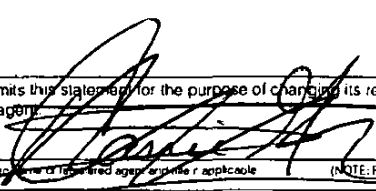
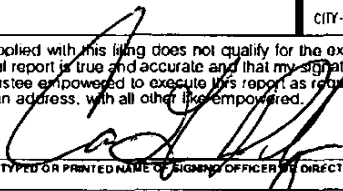


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-14-2007 90058 034 ***150.00

DOCUMENT # P05000164926 1. Entity Name DOGWOOD ACRES VETERINARY CLINIC INC.																																																																																																													
Principal Place of Business 6072 HWY 85 NORTH CRESTVIEW FL 32536			Mailing Address 6072 HWY 85 NORTH CRESTVIEW FL 32536																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																											
City & State		City & State		4. FEI Number 20-4159347																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																									
RILEY, CARRIE 6072 HWY 85 NORTH CRESTVIEW FL 32536				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  NO CHANGES <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)</small>																																																																																																													
FILE NOW!!! FEES \$150.00 After May 1, 2007, Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P/D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RILEY, CARRIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6072 HWY 85 NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CRESTVIEW FL 32536</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RILEY, ROGER DALE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6072 HWY 85 NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CRESTVIEW FL 32536</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RILEY, CARRIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6072 HWY 85 NORTH</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CRESTVIEW FL 32536</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;"><input type="checkbox"/> Change</td> <td style="width: 10%;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P/D	<input type="checkbox"/> Delete	NAME	RILEY, CARRIE		STREET ADDRESS	6072 HWY 85 NORTH		CITY - ST - ZIP	CRESTVIEW FL 32536		TITLE	VP	<input type="checkbox"/> Delete	NAME	RILEY, ROGER DALE		STREET ADDRESS	6072 HWY 85 NORTH		CITY - ST - ZIP	CRESTVIEW FL 32536		TITLE	S	<input type="checkbox"/> Delete	NAME	RILEY, CARRIE		STREET ADDRESS	6072 HWY 85 NORTH		CITY - ST - ZIP	CRESTVIEW FL 32536		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				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 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:  3/6/07 850 689 2553 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																													