

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167838

FILED
Apr 19, 2007
Secretary of State

Entity Name: KB VET, P.A.

Current Principal Place of Business:

1129 W. YALE STREET
ORLANDO, FL 32804

New Principal Place of Business:

14512 GATORLAND DRIVE
ORLANDO, FL 32837

Current Mailing Address:

1129 W. YALE STREET
ORLANDO, FL 32804

New Mailing Address:

14512 GATORLAND DRIVE
ORLANDO, FL 32837

FEI Number: 20-4029516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAYER, MATTHEW D
954 WILLOW GROVE STREET
ALTAMONTE SPRINGS, FL 32701 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: DPT () Delete
Name: KIRVEN, JOSEPH
Address: 1129 W. YALE STREET
City-St-Zip: ORLANDO, FL 32804

Title: DVS () Delete
Name: BAYER, MATTHEW D
Address: 954 WILLOW GROVE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: JOSEPH KIRVEN

DPT

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date