


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000010673	
1. Entity Name PAUL M. CAPUTO, D.V.M., P.A.	

Principal Place of Business 7120 CUTTER COURT PARKLAND, FL 33067 US	Mailing Address 7120 CUTTER CT. PARKLAND, FL 33067 US
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01252006 No Chg-P CR2E034 (11/05)

4. FCI Number 65-0377162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CAPUTO, PAUL M 7120 CUTTER CT PARKLAND, FL 33067

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 _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CAPUTO, PAUL M 7120 CUTTER COURT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CAPUTO, MARY E 7120 CUTTER COURT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 included 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 M. Caputo PAUL M. CAPUTO 2/8/06 (954) 868-3261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #