


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90018 007 ***150.00

DOCUMENT # P93000001928 1. Entity Name ANICO VETERINARY PRODUCTS, INC.					
Principal Place of Business: 3334 MCKINLEY ST. HOLLYWOOD FL 33021 US			Mailing Address: BOX 813787 HOLLYWOOD FL 33081 US		
2. Principal Place of Business 3334 MCKINLEY ST Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State FL - (SAME)			
Zip 33021	Country BROWARD	Zip	Country	4. FEI Number 65-0406457	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EPSTEIN, RAYMOND L 3334 MCKINLEY ST. HOLLYWOOD FL 33021			7. Name and Address of New Registered Agent Name SAMC 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 <u><i>Raymond L. Epstein</i></u> DATE <u>7/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Raymond L. Epstein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/26/04</u> Daytime Phone # <u>(954) 981-2097</u>		

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MOORE CR2E034 (4/04)