

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

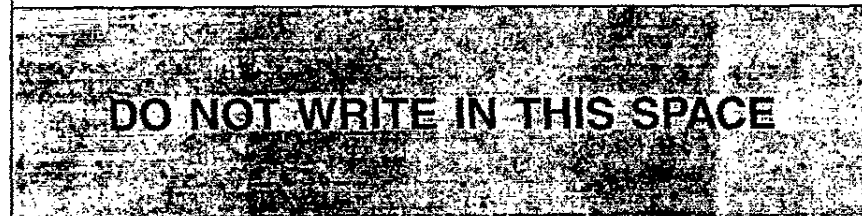
FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000029785 1. Entity Name SCOTT A. GREGORY, D.V.M., P.A.	
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Principal Place of Business 3333 VANDERRBILT BEACH RD. NAPLES, FL 34109	Mailing Address 3333 VANDERRBILT BEACH RD. NAPLES, FL 34109
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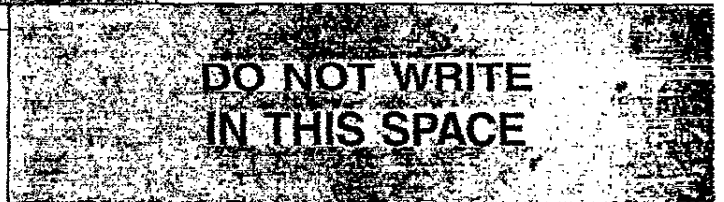


04282004 No Chg-P CR2E034 (10/03)



4. FEI Number 59-3178777	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREGORY, SCOTT A 3333 VANDERRBILT BEACH RD. NAPLES, FL 34109
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000154165
05/04/04-80155-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, SCOTT A 3333 VANDERRBILT BEACH RD. NAPLES, FL 34109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SCOTT A GREGORY 4-27-04 239-5972
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #
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