

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036875

Entity Name: PET DOC VACCINE, INC.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

3505 FORSYTH RDX
WINTER PARK, FL 32792

New Principal Place of Business:

3505 FORSYTH RD
WINTER PARK, FL 32792

Current Mailing Address:

3505 FORSYTH RDX
WINTER PARK, FL 32792

New Mailing Address:

3505 FORSYTH RD
WINTER PARK, FL 32792

FEI Number: 59-3193256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, LARRY
3505 FORSYTH RD
WINTER PARK, FL 32792 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: P () Delete
Name: ADKINS, LARRY
Address: 3505 FORSYTH RD
City-St-Zip: WINTER PARK, FL 32792

Title: V () Delete
Name: MARTINEZ, MARGARET
Address: 3505 FORSYTH RD
City-St-Zip: WINTER PARK, FL 32792

Title: ST (X) Delete
Name: SPINSBY, ELIZABETH
Address: 3505 FORSYTH RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: LARRY ADKINS

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date