


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000047582	
1. Entity Name MONUMENT POINTE ANIMAL HOSPITAL, INC.	

Principal Place of Business 1542 MONUMENT ROAD JACKSONVILLE, FL 32225	Mailing Address 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STAMM, ALAN 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STAMM, ALAN 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STAMM, JANET DELORIS 2516 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCKNIGHT, EDWARD D III 3360 GREEN ACRES RD SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: 	1/30/2004	904-642-1655
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

Janet Deloris Stamm