2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000071563

1. Entity Name

INTERNATIONAL VETS, INC.



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

25 WEST MAYER PLACE FLAGLER BEACH, FL 32136 Mailing Address

25 WEST MAYER PLACE FLAGLER BEACH, FL 32136



03072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3214853

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTHARP, PAUL M 185 CYPRESS POINT PKWY STE 6 SUITE B PALM COAST, FL 32137

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.

STREET ADDRESS

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees 000000855322 03/27/08-80045-013 150.00

L		
	10.	OFFICERS AND DIRECTORS
	TITLE NAME STREET ADDRESS GITY-ST-ZIP	P CAMERON, CHARLES M JR. 25 WEST MAYER PLACE FLAGLER BEACH, FL 32136
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMERON, G. FAYE 25 WEST MAYER PLACE FLAGLER BEACH, FL 32136
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
•	TITLE NAME	

DO NOT WRITE 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 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: LANGUAGE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Date