2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018066

City-St-Zip:

WINTER HAVEN, FL 33881

Entity Name: JERRY RAYBURN, D.V.M., P.A.

FILED Mar 24, 2009 Secretary of State

Current P	rincipal Place of	Business:	New Principal Place o	New Principal Place of Business:	
	E ALFRED RD. HAVEN, FL 33881	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	E ALFRED RD. HAVEN, FL 33881	US			
FEI Number	: 59-3229846 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Curi	ent Registered Agent:	Name and Address of	New Registered Agent:	
RAYBURN, JERRY 3691 LAKE ALFRED RD. WINTER HAVEN, FL 33880 US			RAYBURN, JERRY 3691 LAKE ALFRED RI WINTER HAVEN, FL 3	D. 13881 US	
	named entity sub e of Florida.	mits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/24/2009	
	Electronic S	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete RAYBURN, JERRY 3691 LAKE ALFRED RD. WINTER HAVEN, FL 33881		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete RAYBURN, CATHY 3691 LAKE ALFRED RD. : WINTER HAVEN, FL 33881		Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	T () Delete THOMPSON, PAM 3005 SABAL BEND DR. D: WINTER HAVEN, FL 33881		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () Del RAYBURN, CONNIE 3691 LAKE ALFREI	≣	Title: (Name: Address:)Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: JERRY RAYBURN D 03/24/2009