

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90037 001 \*\*\*150.00

<b>DOCUMENT # P94000027025</b> 1. Entity Name <b>ALL FLORIDA VETERINARY LABORATORY, INC.</b>					
Principal Place of Business <b>6406 SW 170 STREET</b> <b>ARCHER, FL 32618</b>			Mailing Address <b>6406 SW 170 STREET</b> <b>ARCHER, FL 32618</b>		
2. Principal Place of Business <b>6406 SW 170TH ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>6406 SW 170TH ST</b> Suite, Apt. #, etc.			
City & State <b>ARCHER FL</b> Zip <b>32618</b>		City & State <b>ARCHER FL</b> Zip <b>32618</b>		4. FEI Number <b>59-2264662</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <b>11</b> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REED, EDWARD</b> <b>6404 SW 170 STREET</b> <b>ARCHER, FL 32618</b>				7. Name and Address of New Registered Agent Name <b>NICK REED</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, EDWARD 6406 SW 170 ST. ARCHER, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REED, PEGGY 6406 SW 170 ST. ARCHER, FL 32618 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, NICK 18325 S W 15 AVE. NEWBERRY, FL 32669 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>			<b>7-20-05 352-495-3165</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50059463**



07152005 Chg-P CR2E034 (10/03)