

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90045 019 \*\*\*158.75

DOCUMENT # P94000032372

1. Entity Name

ANDREW R. MERCAK, D.V.M., P.A.



Principal Place of Business

1997 S.R. 60 EAST  
VALRICO FL 33594

Mailing Address

1997 S.R. 60 EAST  
VALRICO FL 33594

50027082



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

521 Willow Run Knoll

Suite, Apt. #, etc.

3. Mailing Address

521 Willow Run Knoll

Suite, Apt. #, etc.

City & State

Lakeland Florida

City & State

Lakeland Florida

Zip

33813

Country

USA

Zip

33813

Country

USA

4. FEI Number

59-3238599

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A  
3500 S FLORIDA AVE  
SUITE 3  
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name Mercak, Andrew R.

Street Address (P.O. Box Number is Not Acceptable)

521 Willow Run Knoll

City

Lakeland

FL

Zip Code

33813

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

*Andrew R. Mercak*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MERCAK, ANDREW R	
STREET ADDRESS	521 WILLOW RUN KNOLL	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

*Andrew R. Mercak* (Andrew R. Mercak)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

8636467693

Daytime Phone #