

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080061

Entity Name: FLORIDA VETERINARY, INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

4210 FAIRWAY CIRCLE
TAMPA, FL 33624

New Principal Place of Business:

4210 FAIRWAY CIRCLE
TAMPA, FL 33618

Current Mailing Address:

4210 FAIRWAY CIRCLE
TAMPA, FL 33624

New Mailing Address:

4210 FAIRWAY CIRCLE
TAMPA, FL 33618

FEI Number: 65-0534618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, SHEILA
4210 FAIRWAY CIRCLE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SHAW, SHEILA
4210 FAIRWAY CIRCLE
TAMPA, FL 33618 US

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.

SIGNATURE:

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAW, SHEILA
Address: 4210 FAIRWAY CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SHAW, BRIAN
Address: 4210 FAIRWAY CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SHAW, DARRYL
Address: 13346 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: NEIL, SHAW
Address: 17817 SIMMONS RD
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHAW, SHEILA
Address: 4210 FAIRWAY CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: SHAW, BRIAN
Address: 4210 FAIRWAY CIRCLE
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change () Addition
Name: SHAW, DARRYL
Address: 13346 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: SHEILA J. SHAW

D

03/16/2004

Electronic Signature of Signing Officer or Director

Date