


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90170 008 \*\*\*150.00

**DOCUMENT # P94000088359**  
 1. Entity Name  
 H. DON KELLY, D.V.M., P.A.



Principal Place of Business      Mailing Address  
 ARK ANIMAL                              4297 LAFAYETTE ST  
 4297 LAFAYETTE ST                      MARIANNA, FL 32446  
 MARIANNA, FL 32446

66425074



**DO NOT WRITE IN THIS SPACE**

04192004      No Chg-P      CR2E034 (10/03)

4. FEI Number 59-3282796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KELLY, H DON  
 4297 LAFAYETTE ST  
 MARIANNA, FL 32446

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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 H. DON KELLY      *H. Don Kelly D.V.M.*      DATE 4-26-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, H DON 4297 LAFAYETTE ST MARIANNA, FL 32446
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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 807, 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: H. Don Kelly D.V.M.      H. DON KELLY      5/26/04      850-526-4031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #