

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P94000088359  
1. Entry 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



04242006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

U00000552977  
05/15/06-80033-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, H DON 4297 LAFAYETTE ST MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: H. Don Kelly D.V.M. President      Date 4/26/06      Daytime Phone # (850) 526-4031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*H. Don Kelly D.V.M.*