

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90040 031 ***150.00

DOCUMENT # P95000044385

1. Entity Name
MERIDIAN VETERINARY PRODUCTS, INC.



Principal Place of Business
**4811 SWEETSHADE DR.
SARASOTA, FL 34241 US**

Mailing Address
**4811 SWEETSHADE DR.
SARASOTA, FL 34241 US**

40004820



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0585657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LANIER, JAMES H
4811 SWEETSHORE DR
SARASOTA, FL 34241**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 LANIER, JAMES H DVM 4811 SWEETSHORE DR SARASOTA, FL 34241 <i>4811 Sweetshade Dr</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LANIER, JAMES H. 4811 SWEETSHORE DR SARASOTA, FL <i>4811 Sweetshade Dr.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LANIER, SUSAN L. 4811 SWEETSHORE DR SARASOTA, FL <i>4811 Sweetshade Dr.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H Lanier - Pres.
Jan 17, 2005
941 926-1566