2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000044385

1. Entity Name

MERIDIAN VETERINARY PRODUCTS, INC.

Principal Place of Business	Mailing Address
4811 SWEETSHADE DR. SARASOTA FL 34241 US	4811 SWEETSHADE DR. SARASOTA FL 34241 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

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	7. Name and Address of New Registered Agent
LANIER, JAMES H 4811 SWEETSHORE DR SARASOTA FL 34241	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANIER, JAMES H DVM	NAME	000000440797
STREET ADDRESS	4811 SWEETSHADE DR	STREET ADDRESS	03/03/06-80010-019 150.00
CITY-ST-ZIP	SARASOTA FL 34241	CITY-ST-ZIP	
TITLE	PVD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANIER, JAMES H.	NAME	
STREET ADDRESS	4811 SWEETSHADE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	CITY-ST-ZIP	
TITLE	TSC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANIER, SUSAN L.	NAME	
STREET ADDRESS	4811 SWEETSHADE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan L Lanier SUSAN L LANIER 24616 941-9257499