

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P95000044385 1. Entity Name MERIDIAN VETERINARY PRODUCTS, INC.	
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Principal Place of Business 4811 SWEETSHADE DR. SARASOTA, FL 34241 US	Mailing Address 4811 SWEETSHADE DR. SARASOTA, FL 34241 US
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

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

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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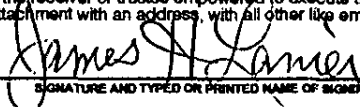
10. OFFICERS AND DIRECTORS

TITLE D	NAME LANIER, JAMES H DVM
STREET ADDRESS 4811 SWEETSHADE DR	CITY-ST-ZIP SARASOTA, FL 34241
TITLE PVD	NAME LANIER, JAMES H.
STREET ADDRESS 4811 SWEETSHADE DR	CITY-ST-ZIP SARASOTA, FL 34241
TITLE TSD	NAME LANIER, SUSAN L.
STREET ADDRESS 4811 SWEETSHADE DR	CITY-ST-ZIP SARASOTA, FL 34241
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**

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04/04/07-80050-017 150.00

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:  **3-25-07** **941-925-7495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #