

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000049523**

1. Entity Name

VILLAGE ROYALE ANIMAL CLINIC INC.



Principal Place of Business

1187 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411

Mailing Address

1187 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0592985**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DRUMMOND, GREG  
228 CORTEZ RD  
WEST PALM BEACH FL 33405

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 reinstalling)

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	P	<input type="checkbox"/> Delete
NAME	DRUMMOND, GREG	
STREET ADDRESS	228 CORTEZ RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIERCE, PHILLIP	
STREET ADDRESS	228 CORTEZ RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRUMMOND, RITA	
STREET ADDRESS	9 MAXWELL STREET	
CITY-ST-ZIP	TAUNTON MA 02780	
TITLE	T	<input type="checkbox"/> Delete
NAME	BATE, MARY E	
STREET ADDRESS	226 ROBIN AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000007438357  
03/01/06 00002-025 150.00

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: Greg Drummond Greg DRUMMOND 2-14-06 561 793155