

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
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



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0592985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRUMMOND, GREG
228 CORTEZ RD
WEST PALM BEACH, FL 33405

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000867004

04/08/08 00052 007 150.00

10. OFFICERS AND DIRECTORS

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

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-08 561 793-1553