# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2009**
**Secretary of State**

DOCUMENT# P95000053448

**Entity Name:** FLORIDA EQUINE VETERINARY SERVICES, INC.

**Current Principal Place of Business:**

19801 CR 561
CLERMONT, FL 34711

**New Principal Place of Business:**

19801 COUNTY ROAD 561
CLERMONT, FL 34715

**Current Mailing Address:**

P.O. BOX 120913
CLERMONT, FL 34712 US

**New Mailing Address:**

**FEI Number: 59-3324665** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, ERIN DVM
11613 OSPREY POINTE BLVD
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete
Name: JONES, ERIN L
Address: 19801 CR 561
City-St-Zip: CLEARMONT, FL 34715

Title: VPT ( ) Delete
Name: JONES, ERIN
Address: 19801 CR 561^34715
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition
Name: JONES, ERIN L
Address: 19801 COUNTY ROAD 561
City-St-Zip: CLERMONT, FL 34715

Title: VPT (X) Change ( ) Addition
Name: JONES, ERIN
Address: 19801 COUNTY ROAD 561
City-St-Zip: CLERMONT, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN JONES P 04/10/2009
Electronic Signature of Signing Officer or Director Date