

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90087 015 ***150.00

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1. Entity Name

VETERINARY CORRESPONDENCE REVISION COURSE, INC.



Principal Place of Business

BLATCHER, RICHARD B.
2750 68 ST #121
HIALEAH FL 33016
US

Mailing Address

BLATCHER, RICHARD B.
2750 W 68 ST, STE 121
HIALEAH FL 33016
US

2. Principal Place of Business

701 SW 128 Ave #F311

3. Mailing Address

701 SW 128 Ave #F311

Suite, Apt. #, etc.

Pembroke Pines

Suite, Apt. #, etc.

Pembroke Pines

City & State

FL

City & State

FL

Zip

33027

Country

Zip

33027

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0640402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLATCHER, RICHARD B
2750 W. 68TH ST. 701 SW 128 Ave, #F311
SUITE 121
HIALEAH FL 33016 Pembroke Pines
FL 33027

7. Name and Address of New Registered Agent

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 RB Blatcher, RB BLATCHER, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE D ☐ Delete
NAME BLATCHER, RICHARD B
STREET ADDRESS 2750 W 68 ST, STE 121 701 SW 128 Ave #F311
CITY-ST-ZIP HIALEAH FL Pembroke Pines, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

RB Blatcher

RB BLATCHER, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #