## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000086484

Entity Name: GULF WINDS ANIMAL HOSPITAL, INC.

FILED Jan 06, 2006 Secretary of State

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Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	TH HIGHWAY 79 CITY BEACH, FL 32413			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	TH HIGHWAY 79 CITY BEACH, FL 32413			
FEI Number	: 59-3348512 FEI Number Applied For	( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Current Registered Age	ent: Name and Address o	Name and Address of New Registered Agent:	
201 NORT PANAMA The above	N, MARK L TH HIGHWAY 79 CITY BEACH, FL 32413 US e named entity submits this statement for e of Florida.	or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Register	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete FOUNTAIN, VICKI L D.V.M. 201 NORTH HIGHWAY 79 PANAMA CITY BEACH, FL 32413	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VTS ( ) Delete HAMILTON, MARK L 201 NORTH HIGHWAY 79 PANAMA CITY BEACH, FL 32413	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK HAMILTON VPS 01/06/2006