

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001489

1. Entity Name
JACK F. SCHMIDT, D.V.M., P.A.



Principal Place of Business
301 STATE ROAD 16
ST. AUGUSTINE, FL 32095

Mailing Address
301 STATE ROAD 16
ST. AUGUSTINE, FL 32095

FILED

06 MAY 19 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3353527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAGLER, KENNETH D
THREE PALM ROW
ST. AUGUSTINE, FL 32084

**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

** See Attached Letter*
FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
200075573722
05/31/06--01053--006 **150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT, JACK F DVM
STREET ADDRESS	301 STATE ROAD 16
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

JS/25

**DO NOT WRITE
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: *Dr Jack F Schmidt DVM PA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06

904-824-5459

Date

Daytime Phone #