
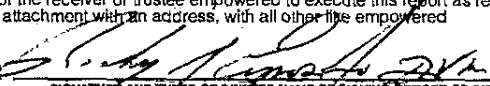


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000018282</b> 1. Entity Name <b>ROCKY J. ESPOSITO, D.V.M., P.A.</b>																												
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business</td> <td style="width: 50%;">Mailing Address</td> </tr> <tr> <td>2790 STONE AVE DELAND, FL 32720</td> <td>2790 STONE AVE DELAND, FL 32720</td> </tr> </table>			Principal Place of Business	Mailing Address	2790 STONE AVE DELAND, FL 32720	2790 STONE AVE DELAND, FL 32720																						
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<b>6. Name and Address of Current Registered Agent</b>  MICHELLE C ESPOSITO 2790 STONE AVE DELAND, FL 32720		02082005    No Chg-P    CR2E034 (10/03)  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number <b>59-3371694</b></td> <td style="width: 20%;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b></td> </tr> </table>	4. FEI Number <b>59-3371694</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																							
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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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																												
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">D</td> </tr> <tr> <td>NAME</td> <td>ESPOSITO, ROCKY J</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2790 STONE AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELAND, FL 32720</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE	D	NAME	ESPOSITO, ROCKY J	STREET ADDRESS	2790 STONE AVE	CITY-ST-ZIP	DELAND, FL 32720																		
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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 the empowered																												
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/8/05</b> <small>Daytime Phone #</small>																										



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02/16/05-80070-017 150.00