## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

## Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P96000102956 1. Entity Name DADE CITY ANIMAL CLINIC, P.A. Mailing Address Principal Place of Business P.O. BOX 528 13117 HWY 301 SOUTH DADE CITY, FL 33526 US DADE CITY, FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 01142004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3415174 Not Applicable Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, CHESTER W III Street Address (P.O. Box Number is Not Acceptable) 13117 HWY 301 SOUTH DADE CITY, FL 33525 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) DATE UUUUUU025986 \$5.00 May Be 9. Election Campaign Financing 02/02/04-80127-011 150.00 FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, TITLE ☐ Delete 3133.E ☐ Change ☐ Addition NAME TAYLOR, CHESTER W III NAME STREET ADDRESS 13117 HWY 301 SOUTH STREET ADORESS CITY-ST-ZIP DADE CITY, FL 33525 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HILE TAYLOR, KAREN L NAME NAME 13117 HWY 301 SOUTH STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DADE CITY, FL 33525 TITLE ☐ Delete 3133.E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-Z#P CITY-ST-ZIP Delete T/71.F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete HILE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7/P C/TY+ST-Z/P 12. I hereby certify that the information supplied with this filling 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.

**FILED**