

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000036415

1. Entity Name
**SOUTHLAND ANIMAL HOSPITAL AND BOARDING
KENNELS, INC.**



Principal Place of Business
**29500 OLD DIXIE HWY
HOMESTEAD, FL 33033 US**

Mailing Address
**25505 S.W. 182ND AVE
HOMESTEAD, FL 33031**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0755905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PROSEK, GAIL A.
25505 SW 182 AVE
HOMESTEAD, FL 33031**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROSEK, FRANK 25505 S.W. 182ND AVE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PROSEK, GAIL A 25505 S.W. 182ND AVE HOMESTEAD, FL 33031
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000032809
03/19/04-80023-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

GAIL A. PROSEK **GAIL A. PROSEK** 3-10-04 305-246-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #