# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P97000101546

1. Entity Name
CREEKSIDE VETERINARY CLINIC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3653 PIONEER TRAIL<br>NEW SMYRNA BEACH, FL 32168 | 3653 PIONEER TRAIL<br>NEW SMYRNA BEACH, FL 32168 |

C4252005 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3489658
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRICK, CINDY S
3653 PIONEER TRAIL
NEW SMYRNA BEACH, FL 32168

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (If CR2E Registered Agent signature required when reinstating)

U00000556093
05/16/06--00059--004 150.00

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $1.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPS |
| NAME | MERRICK, CINDY S |
| STREET ADDRESS | 3653 PIONEER TRAIL |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | |
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| CITY-ST-ZIP | |

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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 a 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: Cindy S Merrick 4/28/06 (386)428-4721
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #