

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004595

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** THE SOUTHERN EYE CLINIC FOR ANIMALS, INC.

**Current Principal Place of Business:**

19105 ST. LAURENT DRIVE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

19105 ST. LAURENT DRIVE  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 59-3487165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMAN, JEFFREY A  
14502 N. DALE MABRY HWY STE. 300  
TAMPA, FL 336182072 US

**Name and Address of New Registered Agent:**

WOLF, MARJA E  
19105 ST. LAURENT DR.  
LUTZ, FL 33558 US

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.

SIGNATURE: MARJA E. WOLF

01/06/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOLF, E. DAN  
Address: 19105 ST LAURENT DR  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. DAN WOLF

P

01/06/2006

Electronic Signature of Signing Officer or Director

Date