

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90273 009 ***150.00

DOCUMENT # P98000018496

1. Entity Name
SPRING OAKS ANIMAL HOSPITAL, INC.



Principal Place of Business
**2489 S. WOODLAND BLVD.
DELAND, FL 32720**

Mailing Address
**2489 S. WOODLAND BLVD.
DELAND, FL 32720**

40027744



2. Principal Place of Business

152 McGregor Road

Suite, Apt. #, etc.

3. Mailing Address

152 McGregor Road

Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number
59-3496057

Applied For
Not Applied

Zip
32720

Country
Volusia

Zip
32720

Country
Volusia

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

6. Name and Address of Current Registered Agent

**ALSHOUSE, PAULA
2489 S. WOODLAND BLVD.
DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *** Paula H. Alshouse**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALSHOUSE, PAULA**
STREET ADDRESS **1150 PRESSLY CIRCLE**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **D** ☐ Delete
NAME **ALSHOUSE, ALAN W**
STREET ADDRESS **1150 PRESSLY CIRCLE**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paula H. Alshouse**

1/23/05

386-236-6747