

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000034387

1. Entity Name

HIGHTOWER VETERINARY SERVICES, INC.



Principal Place of Business

6816 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813

Mailing Address

6816 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813



04292004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3504117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DORSEY G
6816 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813

**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 reinstating)

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 D
NAME HIGHTOWER, DORSEY G
STREET ADDRESS 6816 BROKEN ARROW TRAIL, SOUTH
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D
NAME HIGHTOWER, SANDRA L
STREET ADDRESS 6816 BROKEN ARROW TRAIL, SOUTH
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U000000149174
05/03/04-80177-011 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 863-646-1959