2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000086533

1. Entity Name

DONALD F. SWERIDA, D.V.M., P.A.



FILED Feb 26, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

684 PINEAPPLE PLACE VENICE, FL 34293

684 PINEAPPLE PLACE VENICE, FL 34293



No Chg-P CR2E034 (11/05) 02152007

4. FEI Number 65-0871193 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWERIDA, DONALD F 684 PINEAPPLE PLACE VENICE, FL 34293

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	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or registered agent, or b	oth, in the State of Florida. I am familie	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	s Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000649754 03/07/07-80063-010	150.00
10.	OFFICERS AND DIREC	TORS	for some a same, by the first of	and the subjection that the	2946.455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SWERIDA, DONALD F 684 PINEAPPLE PLACE VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		And the state of t		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	

IN THIS SPACE

CITY-ST-ZIP 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 export 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 trastee 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 will

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS