

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 003 ***150.00

DOCUMENT # P98000087183

1. Entity Name
SHAFFER ANIMAL HOSPITAL, P.A.



Principal Place of Business
**1475 E MITCHELL HAMMOCK
OVIEDO, FL 32765**

Mailing Address
**1475 E MITCHELL HAMMOCK
OVIEDO, FL 32765**

50058998



2. Principal Place of Business
1475 East Mitchell Hammock
Suite, Apt. #, etc. Road

3. Mailing Address
1475 East Mitchell Hammock
Suite, Apt. #, etc. Road

07112005 Chg-P CR2E034 (10/03)

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number
59-3537538

Applied For
Not Applicable

Zip
32765

Country

Zip
32765

Country

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

6. Name and Address of Current Registered Agent

**SHAFFER, KENDRA W
1475 E MITCHELL HAMMOCK
OVIEDO, FL 32765**

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SHAFFER, JEFFREY DVM**
STREET ADDRESS **4501 CHULUOTA ROAD**
CITY - ST - ZIP **ORLANDO, FL 32820**

TITLE **ST** ☐ Delete
NAME **SHAFFER, KENDRA W.D.V.M.**
STREET ADDRESS **4501 CHULUOTA ROAD**
CITY - ST - ZIP **ORLANDO, FL 32820**

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 ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #

7/25/05 407-366-1722