

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100364

FILED
Apr 09, 2004
Secretary of State

Entity Name: GULF BREEZE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

3540 JFK PARKWAY
FORT COLLINS, CO 80525

New Principal Place of Business:

Current Mailing Address:

3540 JFK PARKWAY
FORT COLLINS, CO 80525

New Mailing Address:

FEI Number: 91-1937891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
526 EAST PARK AVENUE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: RIDGLEY, DAVID
Address: 3540 JFK PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

Title: VPAS () Delete
Name: SIMON, CATHERINE
Address: 3540 JFK PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: RIDGLEY, DAVID
Address: 3540 JFK PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

Title: VP/T (X) Change () Addition
Name: SIMON, CATHERINE
Address: 3540 JFK PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

Title: S () Change (X) Addition
Name: BURGE, GARY
Address: 3540 JFK PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

Title: AS () Change (X) Addition
Name: DIMARZIO, LINDA
Address: 3540 JFK PARKWAY
City-St-Zip: FORT COLLINS, CO 80525

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA DIMARZIO

AS

04/09/2004

Electronic Signature of Signing Officer or Director

_____ Date