## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000029189

1. Entity Name
VETERINARY CLINIC OF THE FOREST CORPORATION



FILED Feb 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1141 E. STATE RD 40 SILVER SPRINGS, FL 34488 3395 SE 41 PLACE OCALA, FL 34480



## DO NOT WRITE IN THIS SPACE

1/46/3041 (78 10/10 10/1

4. FEI Number Applied For S9-3566605 Nat Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

TAYLOR, BILLY JOE 3395 SE 41 PLACE OCALA, FL 34480

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

m 3/2086

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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, typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent agenture required when relicitating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<ol> <li>Election Campaign Finant Trust Fund Contribution.</li> </ol>	cing []	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<del></del>	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BILLY JOE 3395 SE 41 PLACE OCALA, FL 34480				
itile Name Street address City-St-Zip					02/15/06-80023-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN T	THIS SPACE
TITLE NAME STREET AUDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CRY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Flonds 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.					

ME OF SIGNING OFFICER OR DIRECTOR