

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065173

1. Entity Name
ANIMAL CLINIC 192, INC.



Principal Place of Business
**2840 IRLO BRONSON HWY
KISSIMMEE, FL 34744**

Mailing Address
**2840 IRLO BRONSON HWY
KISSIMMEE, FL 34744**



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ACKERMAN, CLIFTON W
2840 IRLO BRONSON HWY
KISSIMMEE, FL 34744**

**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**

**U000000131437
04/27/04-80007-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACKERMAN, CLIFTON W
STREET ADDRESS	2840 IRLO BRONSON HWY
CITY - ST - ZIP	KISSIMMEE, FL 34744

TITLE	D
NAME	ACKERMAN, JOY DVM
STREET ADDRESS	2840 IRLO BRONSON HWY
CITY - ST - ZIP	KISSIMMEE, FL 34744

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *Clifton W. Ackerman* **CLIFTON W. ACKERMAN** **4-23-04** **4088470472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #