

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90009 029 ***150.00

DOCUMENT # P99000080669

1. Entity Name
HOMETOWN ANIMAL CLINIC, INC.



Principal Place of Business: **17100 ARVIDA PARKWAY WESTON, FL 33331**

Mailing Address: **17100 ARVIDA PARKWAY WESTON, FL 33331**

J4UJ4U22



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

03022003 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0976248**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

KREILING, EDWARD P
2500 WESTON ROAD
SUITE 220
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name: **JAN BELLOWS DVM**

Street Address (P.O. Box Number is Not Acceptable): **17100 ARVIDA PKWY**

City: **WESTON FL** Zip Code: **33362**

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]* DATE: **5/12/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELLOWS, JAN	
STREET ADDRESS	17100 ARVIDA PARKWAY	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BELLOWS, ALLISON	
STREET ADDRESS	17100 ARVIDA PARKWAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLOWS, DAVID	
STREET ADDRESS	17100 ARVIDA PARKWAY	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **5/12/04** DAYTIME PHONE #: **954-349-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL REPORT NOT SENT \$150 ATTACHED