2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000087511

1. Entity Name
SWITZERLAND - FRUIT COVE ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
1430 STATE RD. 13 N.	1430 STATE RD. 13 N.
JACKSONVILLE, FL 32259	JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

20043147

01262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3602138	Not Applicable

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

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6. Name and Address of Current Registered Agent

BREDEHOEFT, MICHAEL P
4732 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

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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_____

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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	BREDEHOEFT, MICHAEL
STREET ADDRESS	4732 ORTEGA FOREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/10/05   904 287-2527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #