

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 036 ***150.00

P99000096761	
SOUTHSIDE VETERINARY CLINIC, INC.	
3012 SOUTH JIM REDMAN PARKWAY HIGHWAY 39 SOUTH PLANT CITY, FL 33566-9468	3012 SOUTH JIM REDMAN PARKWAY HIGHWAY 39 SOUTH PLANT CITY, FL 33566-9468
	P.O. Box 93010
	Lakeland, FL 33804-3010
	59-3627615
	<input type="checkbox"/> \$8.75 Additional Fee Required

40020424



02042005 Chg-P CR2E034 (10/03)

WEIRATHER, ANTHONY D 6199 BUCKHILL ROAD POLK CITY, FL 33868	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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 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. DELETIONS OF OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEIRATHER, PAMELA POST OFFICE BOX 638 POLK CITY, FL 338680638	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEIRATHER, ANTHONY DR. POST OFFICE BOX 638 POLK CITY, FL 338680638	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Anthony D. Weirather
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

Date

Daytime Phone #