

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S00790**

1. Entity Name

**ADDISON ANIMAL HOSPITAL, INC.**



Principal Place of Business

**222 SW CR 252B  
LAKE CITY FL 32024  
US**

Mailing Address

**222 SW CR 252B  
LAKE CITY FL 32024  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3018932**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADDISON, CLIFFORD M  
222 SW CR 252B  
LAKE CITY FL 32024**

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 title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PD  
ADDISON, CLIFFORD M  
222 SW CR 252B  
LAKE CITY FL 32024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
U000000599132  
01/25/07-80013-023 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VTSD  
ADDISON, MARJORIE F  
222 SW CR 252B  
LAKE CITY FL 32024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
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CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-1807

3867527200