

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90081 019 \*\*\*150.00

<b>DOCUMENT # S27310</b> 1. Entity Name <b>KITTY HAWK VETERINARY SERVICES, P.A.</b>			
Principal Place of Business <b>330 90TH AVE NE ST. PETERSBURG, FL 33702</b>		Mailing Address <b>P.O. BOX 5835 CLEARWATER, FL 33758</b>	
2. Principal Place of Business - No P.O. Box # <b>10730 Gandy Blvd N</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 55035</b> Suite, Apt. #, etc.	
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>	
Zip <b>33702</b>		Zip <b>33732-5035</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0248568</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHANNON, DONNA F D.V.M. 330 90TH AVE NE ST. PETERSBURG, FL 33702</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Donna F Shannon DVM</i></u> DATE <u><i>4/17/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SHANNON, DONNA F D.V.M. 330 90TH AVE NE ST. PETERSBURG, FL 33702</b>	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 exemptions contained in Chapter 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: <u><i>Donna F Shannon DVM</i></u> <u><i>Donna F. Shannon</i></u> <u><i>4/17/08</i></u> <u><i>727-422-7603</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			