2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90079 038 ***150.00

66412921

MOORE CR2E034 (11/03)

DOCUMENT # S64594

1. Entity Name

MITCHELL HAMMOCK PET HOSPITAL, INC.

Principal Place of Business	Mailing Address
255 ALEXANDRIA BLVD. OVIEDO FL 32765	255 ALEXANDRIA BLVD. OVIEDO FL 32765

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3127681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUDLEY, WOODROW
45 ALAFAYA WOODS BLVD
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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-ST-ZIP	D DUDLEY, WOODROW 45 ALAFAYA WOODS BLVD OVIEDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 Alexandria Blvd. oviedo Fl. 32765	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Woodrow T. Dudley 4-16-04 (407) 366-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

6/04/2921

#S64594

Woody Dudley D.V.M
Mitchell Hammock Pet Hospital
255 Alexandria Blvd.
Oviedo, FL 32765
(407) 366-7323 • Fax (407) 366-6589

April 1, 2004,

Dear Division of Corporations:

The FEI number in your form is incorrect. Our FEI number has always been 59-3072641 since we opened in 1991. If you have any questions, feel free to call me at the above telephones or to my cell phone 407 925 5619.

Thankyou very much.

Sincerely,

Woodrow T. Dudley

Woodrow T. Dudley