


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90015 037 ***150.00

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| DOCUMENT # P0000117170 | |  | |
| 1. Entity Name GRANT ANIMAL CLINIC, INC. | | | |
| Principal Place of Business 4982 SOUTH U.S. HIGHWAY 1 GRANT, FL 32949 | | Mailing Address 4982 SOUTH U.S. HIGHWAY 1 GRANT, FL 32949 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 01182006 | | Chg-P | CR2E034 (11/05) |
| 4. FEI Number 59-3688845 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HENDERSON, STEVE L ESQ. 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963 | | Name Beckett, Katherine A. Street Address (P.O. Box Number is Not Acceptable) 4982 South U.S Highway 1 City Grant FL Zip Code 32949 | |
| 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 _____ | | Katherine A. Beckett, Reg. Agent 01/18/06 | |
| 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, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BECKETT, KATHERINE A 5562 LOBLOLLY PLACE GRANT, FL 32949 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS Beckett, Katherine A. 5562 Loblolly Place Grant, FL, 32949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECKETT, GLEN A 5562 LOBLOLLY PLACE GRANT, FL 32949 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Beckett, Glen A. 5562 Loblolly Place Grant, FL, 32949 <input checked="" 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 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>Katherine A. Beckett</u> | | Katherine A. Beckett, Dir. 01/18/06 321-223-7971 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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