

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117170

Entity Name: GRANT ANIMAL CLINIC, INC.

FILED  
Apr 11, 2012  
Secretary of State

**Current Principal Place of Business:**

4982 SOUTH U.S. HIGHWAY 1  
GRANT, FL 32949

**New Principal Place of Business:**

**Current Mailing Address:**

4982 SOUTH U.S. HIGHWAY 1  
GRANT, FL 32949

**New Mailing Address:**

FEI Number: 59-3688845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKETT, KATHERINE A  
4982 SOUTH US HWY 1  
GRANT, FL 32949 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BECKETT, KATHERINE A  
Address: 4180 POND APPLE ST  
City-St-Zip: GRANT, FL 32949

Title: DT  
Name: BECKETT, GLENN A  
Address: 4180 POND APPLE ST  
City-St-Zip: GRANT, FL 32949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENN BECKETT

DT

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date