

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000046292

**Entity Name:** SHINING LIGHT HOLISTIC VETERINARY CARE, INC.

**Current Principal Place of Business:**

406 4TH AVE  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

406 4TH AVE  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 93-2051085

**Certificate of Status Desired:** No

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

CRAIG, MARCIA  
406 4TH AVE  
MELBOURNE BEACH, FL 32951 US

*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

**Officer/Director Detail :**

Title P,T  
Name CRAIG, MARCIA  
Address 406 4TH AVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title VP,S  
Name CRAIG, MATTHEW  
Address 406 4TH AVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title D  
Name CRAIG, MARCIA  
Address 406 4TH AVE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** MATTHEW CRAIG

VP

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date