

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023208

Entity Name: LOSEY ANIMAL HOSPITAL & FEED, INC.

Current Principal Place of Business:

8240 LAKE LOWERY RD.
HAINES CITY, FL 33844

Current Mailing Address:

8240 LAKE LOWERY RD.
HAINES CITY, FL 33844 US

FEI Number: 59-3307355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAFOOL, BRANDON J
1519 3RD ST SE
WINTER HAVEN, FL 33883 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	D	Title	D
Name	LOSEY, J. MARTIN II	Name	LOSEY, KAY K
Address	8240 LAKE LOWERY RD	Address	8240 LAKE LOWERY RD
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

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: KAY LOSEY

VICE PRESIDENT

04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date