

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90039 001 ***150.00

DOCUMENT # P02000072138

1. Entity Name

CANINE LOFT CORP.



Principal Place of Business

4523 30TH STREET WEST, #E502
BRADENTON FL 34207-1072

Mailing Address

4523 30TH STREET WEST, #E502
BRADENTON FL 34207-1072



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

16-1617158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICI, JAMES R
C/O COX & NICI
1185 IMMOKALEE RD STE 110
NAPLES FL 34110

Name

Joseph V. Ambrose

Street Address (P.O. Box Number is Not Acceptable)

4523 30th St. W. #E502

City

Bradenton

FL

Zip Code
34207

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

Joseph V. Ambrose
Signature, typed or printed name of registered agent and title if applicable

Joseph V. Ambrose, Vice Pres.

3/9/2005

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
PSD
AMBROSE, RICHARD
1109 BELLEMORE RD
BALTIMORE MD 21210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
AMBROSE, JOSEPH V
9611 OLD HYDE PARK PLACE
BRADENTON FL 34202-4906 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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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:

Joseph V. Ambrose
Signature and typed or printed name of signing officer or director

3/9/2005 941-758-1951 x208

Date

Daytime Phone #