## 2007 FOR PROFIT CORPORATION · **ANNUAL REPORT (AR)**

SIGNATURE:

## May 15, 2007 8:00 am Secretary of State DOCUMENT # P02000072138 1. Entity Name 05-15-2007 90009 003 \*\*\*150.00 CANINE LOFT CORP. Principal Place of Business Mailing Address 4523 30TH STREET WEST, #E502 BRADENTON FL 34207-1072 4523 30TH STREET WEST, #E502 **BRADENTON FL 34207-1072** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 16-1617158 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMBROSE, JOSEPH V 4523 30TH ST W # E502 **BRADENTON FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ambrose, Deidre It. Change HHI Delete HHE AMBROSE, JOSEPH V NAME NAME 4523 30TH ST W E 502 STREET ADDRESS STREET ADORESS Bradenton FZ 34207 **BRADENTON FL 34207-1072** CITY-ST-7IP CITY-ST-ZIP mir Delete Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-70P CHY-SI-ZIP THIE Delete HILL Addition NAMI NAMI STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete шп ☐ Channe ☐ Addition NAME NAME STRUET ADDRESS STREET ADORESS CHY-ST-ZIP CHY-SI-ZIP Delete HHIHILE Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP HILL Delete HILL ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

use Deidre H. Ambrose 4/30/07 941-518-3717

**FILED**