


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000127038
1. Entity Name
FLORIDA ROAD DAWGS, INC.



Principal Place of Business 14606 LANCER ROAD BROOKSVILLE, FL 34610	Mailing Address 14606 LANCER ROAD BROOKSVILLE, FL 34610
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1881518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPENCE, MARK A
6400 MADISON STREET
NEW PORT RICHEY, FL 34652

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000116459 04/16/04-80065-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDNER, WILLIAM 14606 LANCER RD. BROOKSVILLE, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYNES, ROY 14606 LANCER RD. BROOKSVILLE, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GELL, KURT 14606 LANCER RD. BROOKSVILLE, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTA, ROCCO 14606 LANCER RD. BROOKSVILLE, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kurt Gell - Trus. (Kurt Gell) 04-14-04 727-856-7129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #