2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 08:00 AM Secretary of State

ANNUAL KEFUKI		Jan 25, 2005 08:00 A
DOCUMENT # P00000106325 1. Entity Name THE LAUGHING DOG GALLERY, INC.		Secretary of State
Principal Place of Business Mailing Address	<u> </u>	
4980 8TH ST. 4980 8TH ST.	*	
VERO BCH, FL 32968 VERO BCH, FL 32968		
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DO NOT WRITE IN THIS SPACE		
		01202005 No Chg-P CR2E034 (10/03)
		4. FEI Number Applied For
		65-1060841 Not Applicable
		5. Certificate of Status Desired
5. Name and Address of Current Registered Agent		
WILBER, SUSAN B		- DO NOT WOITE
4980 8TH ST.		DO NOT WRITE
VERO BCH, FL 32968		IN THIS SPACE
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		and the second s
The above named entity submits this statement to the purpose of changing its registe the obligations of registered agent.	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
X Y / / / / / / / / / / / / / / / / / /		,
SIGNATURE Signature, typed or printed name in registrated agent and site if applicable (NOTE Registr	ared Agent signature required	(when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Fin Trust Fund Contribution		.00 May Be ed to Fees
10. OFFICERS AND DIRECTORS	_	
TITLE DVPS NAME WILBER, JEFFREY D	}	
STREET ADDRESS 4980 8TH ST.	·	
CITY-ST-ZIP VERO BCH, FL 32968		01/26/05-80030-023 150.00
TITLE DPT	1	01/50/00_00000.050 106°06
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CITY-ST-ZIP VERO BCH, FL 32968		
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STREET ADDRESS CITY - ST-ZIP	<u>}</u>	DO NOT WRITE
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12. Thereby certify that the information supplied with this filling 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 the true shall have the same legal effect as if made under path, that I am an efficie or director.		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and their 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 employed 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 the employed of the changed.		
V~11/1/1/		1-10
SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRE	СТОР	Date Davimo Phone #
THE THE PARTY OF T		Date Daytime Phone #
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