

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000548

**Entity Name:** CANINE ASSISTANTS, INC.

**Current Principal Place of Business:**

3160 FRANCIS ROAD  
MILTON, GA 30004

**FILED**  
**Jan 02, 2018**  
**Secretary of State**  
**CC3083208509**

**Current Mailing Address:**

3160 FRANCIS ROAD  
MILTON, GA 30004 US

**FEI Number: 58-1974410**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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            PRESIDENT/CEO  
Name            ARNOLD, JENNIFER  
Address        3160 FRANCIS ROAD  
City-State-Zip: MILTON GA 30004

Title            SECRETARY  
Name            BRUNER, KENT  
Address        3160 FRANCIS ROAD  
City-State-Zip: MILTON GA 30004

Title            CFO  
Name            ARNOLD, GARY  
Address        3160 FRANCIS ROAD  
City-State-Zip: ALPHARETTA GA 30004

Title            DIRECTOR  
Name            BRANDON, CHRIS  
Address        C.B. BUILDERS  
                  1301 HESTER TOWN ROAD  
City-State-Zip: MADISON GA 30650

Title            DIRECTOR  
Name            VLIEK, VALORIE  
Address        137 WINDOVER DRIVE  
City-State-Zip: ASHEVILLE NC 28803

Title            DIRECTOR  
Name            KELLER, DREW  
Address        ALPHARETTA ANIMAL HOSPITAL  
                  80 MILTON AVENUE  
City-State-Zip: MILTON GA 30004

Title            DIRECTOR  
Name            SHAMBLIN, SCOTT  
Address        METRO TAXI COMPANY  
                  14395 WYNDHAM FARMS DRIVE  
City-State-Zip: MILTON GA 30004

Title            DIRECTOR  
Name            GODDARD, KATHI  
Address        3018 HABERSHAM ROAD  
City-State-Zip: ATLANTA GA 30305

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY ARNOLD**

**CFO**

**01/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name THOMPSON, KAREN  
Address 6501 LAKESHORE PARKWAY  
City-State-Zip: CHATTANOOGA TN 37416

Title COO  
Name ARNOLD III, HARRY DUDLEY  
Address 3160 FRANCIS ROAD  
City-State-Zip: MILTON GA 30004

Title DIRECTOR  
Name ZACHA, JAMES  
Address 4440 NEWHALL DRIVE  
City-State-Zip: CUMMING GA 30040

Title DIRECTOR  
Name STILWELL, VICTORIA  
Address 535 WOODWARD WAY  
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR  
Name PEDRICK, JOHN  
Address 135 SHADOW SPRINGS DRIVE  
City-State-Zip: ALPHARETTA GA 30022