


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # H62540 1. Entity Name R & R COMPANION DOG TRAINING CENTER, INC. | |  |
| Principal Place of Business 13901 SOPHOMORE LANE FT. MYERS, FL 33972 US | Mailing Address 13901 SOPHOMORE LANE FT. MYERS, FL 33912 US | |



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0034613 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUMBOLD, CORALIE
13901 SOPHOMORE LN
FT. MYERS, FL 33912**

**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 reinstating)

DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000927938
05/21/08-80009-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | D |
| NAME | RUMBOLD, CORALIE |
| STREET ADDRESS | 13901 SOPHOMORE LANE |
| CITY-ST-ZIP | FT. MYERS, FL |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #