

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90006 039 \*\*\*150.00

**DOCUMENT # L82350**

1. Entity Name  
**CANINE KIDS, INC.**



Principal Place of Business  
**1700 W. INTERNATIONAL SPEEDWAY BOULEVARD  
UNIT 524  
DAYTONA BEACH, FL 32119 US**

Mailing Address  
**1700 W. INTERNATIONAL SPEEDWAY BOULEVARD  
UNIT 524  
DAYTONA BEACH, FL 32119 US**

2. Principal Place of Business - No P.O. Box #  
**2400 S. RIDGEWOOD AVE**

3. Mailing Address  
**2400 S. RIDGEWOOD AVE.**

Suite, Apt. #, etc.



04302007 Chg-P CR2E034 (12/06)

City & State  
**SOUTH DAYTONA, FL**

City & State  
**SOUTH DAYTONA, FL**

Zip  
**32119**

Country  
**USA**

4. FEI Number  
**59-3023102**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WICKERSHAM, CHRISTOPHER W SR.  
501 NORTH GRANDVIEW AVENUE  
SUITE 115  
DAYTONA BEACH, FL 32118**

**7. Name and Address of New Registered Agent**

Name  
**KELLY ANN FARRELL-ZAFFUTO**

Street Address (P.O. Box Number is Not Acceptable)  
**1906 SPOONBILL ST.**

City  
**JACKSONVILLE**

FL

Zip Code  
**32224**

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 **KELLY ANN FARRELL-ZAFFUTO SECRETARY** **4/26/07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>DST</b>			<input checked="" type="checkbox"/>
	<b>BURNETTI, JOSEPH</b>			<input checked="" type="checkbox"/>
	<b>1200 FLORAL SPRINGS BLVD. #3-311</b>			<input checked="" type="checkbox"/>
	<b>PORT ORANGE, FL 32129</b>			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>PRESIDENT</b>	<b>DANIEL D. ZAFFUTO</b>	<b>1906 SPOONBILL ST.</b>	<b>JACKSONVILLE, FL 32224</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VICE PRESIDENT</b>	<b>ANTHONY P. ZAFFUTO</b>	<b>310 SABLE PARK PLACE</b>	<b>LONGWOOD, FL 32779</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>SECRETARY</b>	<b>KELLY A. FARRELL-ZAFFUTO</b>	<b>1906 SPOONBILL ST.</b>	<b>JACKSONVILLE, FL 32224</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TREASURER</b>	<b>ANDEA ZAFFUTO</b>	<b>310 SABLE PARK PLACE</b>	<b>LONGWOOD, FL 32779</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: **KELLY ANN FARRELL-ZAFFUTO** **4/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **904-867-7274**