

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90009 021 \*\*\*\*61.25

**DOCUMENT # N01000006288**

1. Entity Name  
DOGS FOR LIFE, INC.



Principal Place of Business  
25 5TH AVE  
VERO BCH, FL 32962

Mailing Address  
P.O. BOX 650023  
VERO BEACH, FL 32965

40008656



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1800397	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

FERGER, SHELLY  
25 5TH AVE  
VERO BCH, FL 32962

**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: Shelly Ferger Shelly Ferger 1/16/08  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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	P MYERS, SUSAN P 425 BOTH COURT SW VERO BEACH, FL 32968	P. Marshall, Sharon 5526 W 15th SW Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATTEN, BARBARA 7685 141 AVE VERO BEACH, FL 32966	none
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEFFEW, RICHARD 80 ROYAL PALM BLVD #202 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Norling, Darrae 985 5 Place Vero Beach, FL 32968	
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 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 617, 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: Sharon Marshall Sharon Marshall 1-16-08 (772) 567-1106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #