2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006
Secretary of State

DOCUMENT# N01000007405

Entity Name: FLORIDA SERVICE DOGS, INC.

Current Principal Place of Business:

4149 DAVIE CT.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4149 DAVIE CT.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 22-3883121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTOPHERSON, CAROL A
4149 DAVIE CT.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CHRISTOPHERSON, CAROL A	
Address:	4149 DAVIE CT.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VP	( ) Delete
Name:	CHRISTOPHERSON, RICHARD A	
Address:	4149 DAVIE CT.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	S	( ) Delete
Name:	HOFFMEYER, SHARON	
Address:	7824 WILDLIFE COURT	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	T	( ) Delete
Name:	ANDREATTA, KIMBERLY	
Address:	3767 GOLDEN REEDS LANE	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	D	( ) Delete
Name:	MAUERHAN, SANDRA	
Address:	BOX 252	
City-St-Zip:	BARKSDALE, TX 78828	
Title:	D	( ) Delete
Name:	BELL, KENT	
Address:	3333 N UNIVERSITY BLVD	
City-St-Zip:	JACKSONVILLE, FL 32277	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL A. CHRISTOPHERSON P 06/21/2006

Electronic Signature of Signing Officer or Director — Date