

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007405

FILED  
Apr 14, 2007  
Secretary of State

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 (X)

**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: 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: 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:

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

04/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date