


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90065 020 ****61.25

DOCUMENT # N03000009777		
1. Entity Name BONX FOR DOGS INC.		

Principal Place of Business 5340 SIESTA CT SARASOTA FL 34242	Mailing Address 5340 SIESTA CT SARASOTA FL 34242
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34043704



MOORE CR2E037 (11/03)

2. Principal Place of Business 5340 Siesta Ct		3. Mailing Address See # 7 Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State	
Zip 34242	Country USA	Zip	Country

4. FEI Number 06-1703475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LINDQUIST, ERIC C 5340 SIESTA CT SARASOTA FL 34242		7. Name and Address of New Registered Agent Name ERIC C. LINDQUIST Street Address (P.O. Box Number is Not Acceptable) 12051 S.E. 112 Ave. Rd. City Ocklawaha FL Zip Code 32179	
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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 Eric Lindquist DATE 3-31-04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDQUIST, ERIC C 5340 SIESTA CT SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eric Lindquist <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____