

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002829

FILED  
Sep 04, 2006  
Secretary of State

**Entity Name:** STRAY DOGS THEATRE COMPANY, INC.

**Current Principal Place of Business:**

5871 LYNN LAKES DRIVE SOUTH  
UNIT H  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

5871 LYNN LAKES DRIVE SOUTH  
UNIT H  
ST. PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 20-2686801      **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:**

**Name and Address of New Registered Agent:**

SINCLAIR, DAVID G  
5871 LYNN LAKES DRIVE SOUTH  
UNIT H  
ST. PETERSBURG, FL 33712 US

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: DS      ( ) Delete  
Name: BREDEHARST, LISA M  
Address: 4121 BURLINGTON AVE N ST  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D      ( ) Delete  
Name: FAULHABER, ALEXANDER  
Address: 771 64TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33704

Title: D      ( ) Delete  
Name: FAULHABER, FRITZ  
Address: 771 64TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33704

Title: C      ( ) Delete  
Name: HARTLEY, BETTY LOU  
Address: 3565A 33RD ST N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: C      (X) Delete  
Name: HARTLEY, JASON A  
Address: 3565A 33RD ST N  
City-St-Zip: ST PETERSBURG, FL 33713

Title: T      ( ) Delete  
Name: HONOVICH, PATRICK  
Address: 4901/2 35TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33204

**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: C      (X) Change ( ) Addition  
Name: SINCLAIR, DAVID G  
Address: 5871 LYNN LAKES DR S #H  
City-St-Zip: ST PETERSBURG, FL 33712

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: DAVID GRANT SINCLAIR

C

09/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date