

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002829

FILED
Feb 26, 2007
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:

204 37TH AVENUE NORTH
139
ST. PETERSBURG, FL 33704

Current Mailing Address:

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

New Mailing Address:

204 37TH AVENUE NORTH
139
ST. PETERSBURG, FL 33704

FEI Number: 20-2686801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HONOVICH, PATRICK B
490 1/2 35TH AVENUE NORTH
ST. PETERSBURG, FL 33704 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: PATRICK HONOVICH

02/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS (X) 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: SINCLAIR, DAVID G
Address: 5871 LYNN LAKES DR S #H
City-St-Zip: ST PETERSBURG, FL 33712

Title: T (X) 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: HONOVICH, PATRICK B
Address: 490 1/2 35TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33704

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: PATRICK HONOVICH

C

02/26/2007

Electronic Signature of Signing Officer or Director

Date