

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011359

FILED
Aug 06, 2006
Secretary of State

Entity Name: HIPDOG CANINE HYDROTHERAPY, INC.

Current Principal Place of Business:

4965 PALMETTO AVENUE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

4965 PALMETTO AVENUE
WINTER PARK, FL 32792

New Mailing Address:

23 ALAFAYA WOODS BLVD.
233
OVIEDO, FL 32765

FEI Number: 20-4105443 **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:

LANGLEY, SOPHIA E
LAW OFFICES OF SOPHIA E. LANGLEY, P.A.
5415 LAKE HOWELL ROAD, NO. 242
WINTER PARK, FL 32792 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: D () Delete
Name: LATIMER, KRISTINA L
Address: 2355 FORREST ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: NOWICKI, THOMAS
Address: 1111 WASHINGTON, APARTMENT NO. 6
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MCCART, BEVERLY
Address: 1361 RIDGEWOOD AVENUE
City-St-Zip: WINTER PARK, FL 32789

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:

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: THOMAS NOWICKI

D

08/06/2006

Electronic Signature of Signing Officer or Director

Date