

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012945

FILED
Apr 27, 2009
Secretary of State

Entity Name: DOG GONE TO A GOOD HOME, INC.

Current Principal Place of Business:

3600 S. US HWY 129
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

3600 S. US HWY 129
BELL, FL 32619

New Mailing Address:

PO BOX 1812
TRENTON, FL 32693

FEI Number: 05-1229103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAIR, MICHAEL R
1280 SW 36TH AVENUE
SUITE 200
POMPAÑO BEACH, FL 33069 US

Name and Address of New Registered Agent:

ADAIR, MICHAEL R
1280 SW 36TH AVENUE
SUITE 200
POMPAÑO BEACH,, FL 33069 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:

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, LINDSAY R
Address: P.O. BOX 1812
City-St-Zip: TRENTON, FL 32693

Title: V () Delete
Name: RIST, SALLY
Address: P.O. BOX 1522
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: SMITH, STEPHANIE
Address: 4839 SW COUNTY ROAD
City-St-Zip: TRENTON, FL 32619

Title: S () Delete
Name: DARLING, TERI
Address: 1509 SW 17 TERRACE
City-St-Zip: BELL, FL 32619

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: S (X) Change () Addition
Name: PENNIE, LEFKOWITZ
Address: 934 EAST WADE ST
City-St-Zip: TRENTON, FL 32693

I hereby certify that the information supplied with this filing does not qualify 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: LINDSAY E. RIST-SMITH

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date