

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004635

FILED  
May 23, 2008  
Secretary of State

Entity Name: LAKELAND DOG SPORTS, INC.

**Current Principal Place of Business:**

3236 CULLMAN DRIVE  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

3236 CULLMAN DRIVE  
LAKELAND, FL 33805

**New Mailing Address:**

FEI Number: 20-4652593      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:**

MANN, PAT  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 32801      US

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

MANN, PAT  
2115 HARDEN BLVD.  
LAKELAND, FL 33801      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: \_\_\_\_\_

05/23/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CRAIG, BARBARA  
Address: 3236 CULLMAN DRIVE  
City-St-Zip: LAKELAND, FL 33805

Title: D      ( ) Delete  
Name: IOZZIO, KATHY  
Address: 4240 SPRING LANE  
City-St-Zip: LAKELAND, FL 33811

Title: D      ( ) Delete  
Name: MANN, PAT  
Address: 2236 NOTTINGHAM ROAD  
City-St-Zip: LAKELAND, FL 33803

Title: D      ( ) Delete  
Name: DONATELLI, NANCY  
Address: 2220 NOTTINGHAM ROAD  
City-St-Zip: LAKELAND, FL 33803

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA CRAIG

TRES

05/23/2008

Electronic Signature of Signing Officer or Director

Date