

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007879

FILED
Jun 15, 2009
Secretary of State

Entity Name: MIKE'S DOG HOUSE, INC.

Current Principal Place of Business:

820 S. 13TH STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

820 S. 13TH STREET
PALATKA, FL 32177

New Mailing Address:

FEI Number: 56-2597432 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:

BARRETT, W. GOLDIE
820 S. 13TH STREET
PALATKA, FL 32177 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: PRES () Delete
Name: VERMETTE, MICHAEL H MR
Address: 820 SO 13TH ST
City-St-Zip: IPALATKA, FL 32177

Title: ED () Delete
Name: BARRETT, W. GOLDIE MS
Address: 120 SOUTH ST.
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: O'CONNER-BOWE, DEBRA MS
Address: 1405 WILLIAM COSTELLO WAY
City-St-Zip: ST AUHUSTINE, FL 32084

Title: D () Delete
Name: SELLERS, ANTHONY D MR
Address: 1792 FERNCREEK DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: NORA, BAKER OFFICER
Address: 120 SOUTH ST
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: SELLERS, SHANTEL MS
Address: 1792 FERNCREEK DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

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:

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: W. GOLDIE BARRETT

ED

06/15/2009

Electronic Signature of Signing Officer or Director

Date