

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000046672

1. Entity Name
DOG ENTERPRISES, INC.



Principal Place of Business
**340 N PRIMROSE DRIVE
ORLANDO, FL 32803**

Mailing Address
**340 N PRIMROSE DRIVE
ORLANDO, FL 32803**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3644761

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000420198
02/15/06-80034-026 158.75**

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	DIJULIO, THERESA
STREET ADDRESS	3 KATELYN'S WAY
CITY-ST-ZIP	BROOMALL, PA 19008
TITLE	P
NAME	GILES, PATRICIA S
STREET ADDRESS	1727 ROBERTS LANDING ROAD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	VARMA, BOB
STREET ADDRESS	610 CROWN OAK CENTRE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia S. Giles **PATRICIA S. GILES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06 407/513-7000

DATE

Daytime Phone