

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90038 036 \*\*\*150.00

**DOCUMENT # P00000088017**

1. Entity Name  
THE HAPPY CAMPER DOGGY DAY CAMP, INC.



Principal Place of Business  
11501 47TH STREET NORTH  
UNIT B  
CLEARWATER, FL 33762

Mailing Address  
11501 47TH STREET NORTH  
UNIT B  
CLEARWATER, FL 33762

24018415



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3675429

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONWAY, KELLYANN  
39930 U.S. HIGHWAY 19 NORTH  
Y  
TARPON SPRINGS, FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME FERRARO, HEATHER  
STREET ADDRESS 4701 88TH AVE N 410  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D ☒ Change ☐ Addition  
NAME Ferraro, Heather  
STREET ADDRESS 15573 Bedford Cir E  
CITY-ST-ZIP Clearwater, FL 33764

TITLE D ☒ Delete  
NAME CONWAY, WILLIAM P  
STREET ADDRESS 6136 ARTHUR AVENUE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CONWAY, KELLYANN  
STREET ADDRESS 6136 ARTHUR AVENUE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Heather Ferraro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04

Date

275436236

Daytime Phone #