


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 033 ***150.00

DOCUMENT # P00000114376

1. Entity Name
ON COMMAND K9 ACADEMY, INC.



Principal Place of Business
**6533 DUNBARTON ST
 NORTH PORT, FL 34286**

Mailing Address
**6533 DUNBARTON ST
 NORTH PORT, FL 34286**

40084710



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071599 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~JACOBS, MARY A~~ *Jacobs, Mark, A.*
**6533 DUNBARTON ST
 NORTH PORT, FL 34286**

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 *mark a. Jacobs* **mark a. Jacobs** *4/25/06*
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, MARK <i>PD VSTD</i> 6533 DUNBARTON ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JACOBS, MARY A 6533 DUNBARTON ST NORTH PORT, FL 34286
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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: *mark a. Jacobs* **mark a. Jacobs** *4/25/06* *42996663*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #