

**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



DO NOT WRITE IN THIS SPACE

02022006 No Chg-P CR2E034 (11/05)

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~~
**6533 DUNBARTON ST
NORTH PORT, FL 34286**

Jacobs, Mark, A.

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

mark a. Jacobs
(NOTE: Registered Agent signature required when reinstating)

4/25/06
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	PD
NAME	JACOBS, MARK <i>PD VSTD</i>
STREET ADDRESS	6533 DUNBARTON ST
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	VSTD
NAME	JACOBS, MARY A
STREET ADDRESS	6533 DUNBARTON ST
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *mgjacob*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Jacobs

4/25/06
Date

4299663
Daytime Phone #