## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the info@nation supplied with this fill indicated on this report or supplemental report is true at of the corporation or the receiver or trustee in nowere changed, or on an attachment with an address, with a

SIGNATURE:

## May 09, 2005. 08:00 AM Secretary of State DOCUMENT # P00000117049 1. Entity Name DOG WATCH OF EAST FLORIDA, INC. Principal Place of Business 🙄 Mailing Address 2373 SE SAPHIRE TERRACE PORT ST LUCIE FL 34952 2373 SE SAPHIRE TERRACE PORT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3689987 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBBS, JAMES M Street Address (P.O. Box Number is Not Acceptable) 2373 SÉ SAPHIRE TERRACE PORT ST LUCIE FL 34952 City 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, am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Régistered'Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE $\mathbf{D}$ Delete Title ☐ Change Addition DOBBS, JAMES M U00000364928 05/09/05-80015-015 150.00 NAME NAME STREET ADDRESS STREET ADDRESS 2373 SE SAPHIRE TERRACE PORT ST LUCIE FL 34952 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete To ELE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Till ( DILE Delete ☐ Change Addition NAME STREET ADDRESS STREET AUDITESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Defete THUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Āēiiiik TITLE ☐ Defete ☐ Change STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY+ST-ZIP HILE Delete ME ☐ Change Additional Page 1 NAME NAME STREET ADDRESS STREET AUDRESS City-St-ZIP CITY-ST-ZIP

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THITED NAME OF SIGNING OFFICER OR DIRECTOR

as not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director equite this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11.

FILED