

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044594

FILED
Apr 02, 2004
Secretary of State

Entity Name: DOGGONE FUN DOGGIE DAY CARE, INC.

Current Principal Place of Business:

622 ELLSWORTH STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

407 SILVER OAK LANE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

622 ELLSWORTH STREET
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

407 SILVER OAK LANE
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3715600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROYLES, ROB
622 ELLSWORTH STREET
ALTAMONTE SPRINGS, FL 32701

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROYLES, GWEN
Address: 622 ELLSWORTH STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: BROYLES, ROB
Address: 622 ELLSWORTH STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROYLES, GWEN
Address: 407 SILVER OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change () Addition
Name: BROYLES, ROB
Address: 407 SILVER OAK LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN BROYLES

D

04/02/2004

Electronic Signature of Signing Officer or Director

Date