

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 046 ***150.00

DOCUMENT # P01000050680

1. Entity Name
A K-9'S COMPANION, INC.



Principal Place of Business
**15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD, FL 33033**

Mailing Address
**15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD, FL 33033**

2. Principal Place of Business
33700 SW 192nd AVE
Suite, Apt. #, etc.

3. Mailing Address
33700 SW 192nd AVE
Suite, Apt. #, etc.



03272006 Chg-P CR2E034 (11/05)

City & State
FLORIDA CITY FLORIDA
Zip
33034
Country
USA

City & State
FLORIDA CITY FLORIDA
Zip
33034
Country
USA

4. FEI Number
65-1106927
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUEST, JAMES M ESQ.
15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD, FL 33033**

7. Name and Address of New Registered Agent

Name
JAMES M GUEST, CPA
Street Address (P.O. Box Number is Not Acceptable)
50 KINDRED STREET
SUITE 201
City
STUART FL Zip Code
34994

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)

4/13/06

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
GRADY, BRENDA G
680 SE 22ND LANE
HOMESTEAD, FL 33033** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRADY, BRENDA G
680 SE 22ND LANE
HOMESTEAD, FL 33033** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**33700 SW 192nd Ave
Florida City, FL 33034-2904** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**33700 SW 192nd Ave
Florida City, FL 33034-2904** ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brenda G. Grady Brenda G. Grady 4-15-06 (305) 8537