

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000095591	
1. Entity Name BIG DOG CONSTRUCTION OF NORTH FLORIDA, INC.	

Principal Place of Business 649 VAILL POINT ROAD ST. AUGUSTINE FL 32086	Mailing Address 649 VAILL POINT ROAD ST. AUGUSTINE FL 32086
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-3751103	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUEHRER, CAMELLIA 649 VAILL POINT ROAD ST. AUGUSTINE FL 32086
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when corporation is)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	BUEHRER, CRAIG ALAN
STREET ADDRESS	649 VAILL POINT ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	V ☐ Delete
NAME	MASTERS, LAWRENCE O
STREET ADDRESS	649 VAILL POINT ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	STD ☐ Delete
NAME	BUEHRER, CAMELLIA
STREET ADDRESS	649 VAILL POINT ROAD
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/03/08-80006-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/20/08 904 797-9913
DATE AND PHONE NUMBER