## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P0100010  1. Entity Name DAWG BIZ INC.	07843			v
Principal Place of Business 1335 MAIN SAIL DR #1314 NAPLES, FL 34114	Mailing Address 1335 MAIN SAIL DR #1314 NAPLES, FL 34114			NI INIII dieer siund e deri
DO NOT WRIT	E IN THIS SPA	CE		34 (10/03)
6. Name and Address of Curre				Applied For Not Applicable  88.75 Additional Fae Required
SOMERS, WILLIAM 3465 BONITA BEACH RD., STE #12 BONITA SPRINGS, FL 34133		DO NOT WRITE IN THIS SPACE		
8. The above named childs submited this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the distance of the durpose of changing its registered office or registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the distance of the durpose of changing its registered office or registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the distance of the durpose of changing its registered office or registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the durpose of changing its registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the durpose of changing its registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the durpose of the durpose of changing its registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the durpose of the durpose of changing its registered agent, or both, in the State of Florida Tain familiar with, and accept the obligation of the durpose				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
III.E PT MANE BARSELOU, MICHAEL STREET ADDRESS 1335 MAIN SAIL DR #1314 NAPLES, FL 34114	ND DIRECTORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE			。	**************************************
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this further series not qualify for the exemption stated if Section 119 07(3)(i), Rorida Statutes. I further certify that the information indicated on this report or supplemental report is truef and accordate 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 attactory of with an laddress, with all other like empowered.  SIGNATURE:				
	OF PRINTED NAME OF SIGNING OFFICER OR DIRECT	OTOR CTOR	Orte	avtime Phone #