2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025998

1. Entity Name
SITE HOUND, INC.

Principal Place of Business	Mailing Address
6169 JOG ROAD UNIT C-5 LAKE WORTH, FL 33467	6169 JOG ROAD UNIT C-5 LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0636225	Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNELL, LESLEY
6169 JOG ROAD UNIT C-5
LAKE WORTH, FL 33467

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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)_ LESLEY J O'CONNELL   2/5/05

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	O'CONNEL, LESLEY J
STREET ADDRESS	7273 WINDEN CT.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	SMITH, JAMES J
STREET ADDRESS	7343 TILLMAN DR.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	BARBER, ANDREW S
STREET ADDRESS	5126 AVRORA LAKE CIRCLE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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)_ LESLEY J. O'CONNELL DP-Treas   2/5/05   (561) 963-9780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #