

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000040268

1. Entity Name
J & K CANINE ACADEMY, INC.



Principal Place of Business
POST OFFICE BOX 769
HIGH SPRINGS, FL 32655

Mailing Address
POST OFFICE BOX 769
HIGH SPRINGS, FL 32655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number
36-4496878

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUEGER, SCOTT D
2750 NW 43RD STREET
SUITE 201
GAINESVILLE, FL 32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PERUYERO, JOSE R
STREET ADDRESS POST OFFICE BOX 769
CITY-ST-ZIP HIGH SPRINGS, FL 32655

TITLE D ☐ Delete
NAME PERUYERO, MARIA M
STREET ADDRESS POST OFFICE BOX 769
CITY-ST-ZIP HIGH SPRINGS, FL 32655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 S ☐ Change ☒ Addition
NAME PERUYERO, KATRINA
STREET ADDRESS POST OFFICE BOX 769
CITY-ST-ZIP HIGH SPRINGS, FL. 32655

TITLE T ☐ Change ☒ Addition
NAME PERUYERO, JOSE R. JR.
STREET ADDRESS POST OFFICE BOX 769
CITY-ST-ZIP HIGH SPRINGS, FL. 32655

TITLE ☐ Change ☐ Addition
NAME 300065576043
STREET ADDRESS 02/10/06--01036--025 **\$1.25
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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 388-454-3647
Daytime Phone #

FILED
06 FEB -6 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

