

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000043384	
1. Entity Name TOP DOG TRAINING, INC.	

Principal Place of Business 5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710	Mailing Address 5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710
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05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0663876	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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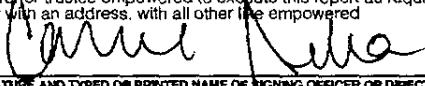
6. Name and Address of Current Registered Agent	
RISTORCELLI, PETER J 5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710	

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.	DATE _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVA, CARRIE A 5285 36TH AVE. NORTH ST. PETERSBURG, FL 33710
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05/07/04-800008-020 150.00

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 life empowered	
SIGNATURE: 	Date: 5/4/04 Daytime Phone #: (727) 520-8356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	