


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90005 022 \*\*\*150.00

<b>DOCUMENT # P02000049209</b>		
1. Entity Name <b>DESIGNER DOGS BY VANESSA, INC.</b>		

00000000

Principal Place of Business <b>13723 N DALE MABRY HWY TAMPA, FL 33618</b>	Mailing Address <b>12613 CLENDENNING DR TAMPA, FL 33624</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0684466</b>	Applied For Not Applicable
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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	
<b>KARNIG, KENNETH J 12613 CLENDENNING DR TAMPA, FL 33624</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-listing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KARNIG, VANESSA L 1801 PEREGRINO PERCH #311 LUTZ, FL 33558</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KARNIG, HAZEL C 12613 CLENDENNING DR TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KARNIG, KENNETH J 12613 CLENDENNING DR TAMPA, FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*6/7/05*  
*as of 4/25/05 813-391-6987*  
Date Daytime Phone #



ATTACHMENT

66025280

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 14, 2005

DESIGNER DOGS BY VANESSA, INC.  
12613 CLENDENNING DR  
TAMPA, FL 33624

Subject: DESIGNER DOGS BY VANESSA, INC.

Reference Number: P02000049209

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mg

ANNUAL REPORTS SECTION

← TD.

Gentlemen - The report was file timely, The only minor item missing was a signature; The fee was paid. Please call me at 813-963-2470 to discuss as I do not feel that this is fair.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Debra K. Karp



**ATTACHMENT**  
*66002280*  
**Division of Corporations**

**Annual Report**

Document Number

**P02000049209**

Business Entity Name

**DESIGNER DOGS BY VANESSA, INC.**

FEI Number

**010684466**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

**13723 N DALE MABRY HWY**

Suite, Apt. #, etc.

City, State

**TAMPA****FL**

Zip Code &amp; Country

**33618****Mailing Address**

Address

**12613 CLENDENNING DR**

Suite, Apt. #, etc.

City, State

**TAMPA****FL**

Zip Code &amp; Country

**33618****Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

**KARNIG****KENNETH****J**

-or- RA Business Name

Address

**12613 CLENDENNING DR**

Suite, Apt. #, etc.

City, State

**TAMPA****FL**

Zip Code &amp; Country

**33618****US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

ATTACHMENT

forgerly under s.831.06, Florida Statutes.

## Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

#P02000049209

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title  S

Officer/Director Signature  Kenneth J. KARNIG / *Karnig*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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