## 2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Mar 15, 2004 08:00 AM Secretary of State **DOCUMENT # P02000071033** 1. Entity Name ANIMAL HOUSE DOGGIE BED AND BREAKFAST, INC. Principal Place of Business Mailing Address 42 VICEDWIFDSFD 42 VICEDWATDSFD SAFASOTA FL 34240 SMPASOTA FL 34240 03032004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0097949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRITTAIN, DAWN DO NOT WRITE 42 VIC EDWARDS RD SARASOTA, FL 34240 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BRITTAIN, DAWN NAME STREET ADDRESS 42 VIC EDWARDS RD SARASOTA, FL 34240 CITY-ST-7/P U000000087980 03/15/04-80033-016 150.00 VΡ TITLE BRITTAIN, PETER NAME STREET ADDRESS 42 VIC EDWARDS RD CITY-ST-ZIP SARASOTA, FL 34240 ΠIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP