

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90749 045 \*\*\*150.00

<b>DOCUMENT # P03000015759</b> 1. Entity Name <b>DOG DREAMS AND CAT NAPS, INC.</b>					
Principal Place of Business <b>1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609</b>			Mailing Address <b>1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609</b>		
2. Principal Place of Business <b>6879 NE 21st PI</b> Suite, Apt. #, etc.		3. Mailing Address <b>6879 NE 21st PI</b> Suite, Apt. #, etc.			
City & State <b>High Springs, FL</b> Zip <b>32643</b>		City & State <b>High Springs, FL</b> Zip <b>32643</b>		4. FEI Number <b>57-1145773</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STAHLHEBER, DANA 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609</b>			7. Name and Address of New Registered Agent Name <b>STAHLHEBER, DANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6879 NE 21st PI</b> City <b>High Springs</b> <b>FL</b> Zip Code <b>32643</b>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROWN, JEFFREY 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAHLHEBER, DANA 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROWN, JEFFREY 6879 NE 21st PI High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAHLHEBER, DANA 6879 NE 21st PI High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROWN, JEFFREY 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAHLHEBER, DANA 1235 NW 39TH AVENUE, #1 GAINESVILLE, FL 32609	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BROWN, JEFFREY 6879 NE 21st PI High Springs, FL 32643	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAHLHEBER, DANA 6879 NE 21st PI High Springs, FL 32643	<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: _____ JEFFREY S. BROWN		Date <b>3/31/04</b> Daytime Phone # <b>(386) 454-1559</b>			