

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000015759	
1. Entity Name DOG DREAMS AND CAT NAPS, INC.	
Principal Place of Business 6879 NW 21ST PL HIGH SPRINGS, FL 32643	Mailing Address 6879 NW 21ST PL HIGH SPRINGS, FL 32643



04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1145773	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAHLBER, DANA
 6879 NW 21ST PL
 HIGH SPRINGS, FL 32643

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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: Dana Stahl DATE: 4/30/05

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BROWN, JEFFREY
STREET ADDRESS	6879 NW 21ST PL
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	VPT
NAME	STAHLBER, DANA
STREET ADDRESS	6879 NE 21ST PL
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/05-80152-002 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dana Stahl DATE: 4/30/05 252 222 9470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #