


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90170 026 ***150.00

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| DOCUMENT # P03000075950 | | | |  | |
| 1. Entity Name BARK 'N PARK, INC. | | | | | |
| Principal Place of Business 9498 ELIDA ROAD 2340 Anza Ave SPRING HILL, FL 34608 34609 | | | Mailing Address 9498 ELIDA ROAD 2340 Anza Ave SPRING HILL, FL 34608 34609 | | |
| 2. Principal Place of Business 2340 Anza Ave | | 3. Mailing Address 2340 Anza Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Spring Hill FL | | City & State Spring Hill, FL | | 4. FEI Number 20-0050355 | |
| Zip 34609 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BANNING, DONNA L 9498 ELIDA ROAD 2340 Anza Ave SPRING HILL, FL 34608 34609 | | | 7. Name and Address of New Registered Agent 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D. BANNING, DONNA L <input type="checkbox"/> Delete 9498 ELIDA ROAD 2340 Anza Ave SPRING HILL, FL 34608 34609 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/S/T <input checked="" 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 | VP TRAUTMAN, DANIELLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9498 ELIDA ROAD 2340 Anza Ave SPRING HILL, FL 34608 34609 | |
| 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 | |
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| 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: <u>Donna L. Banning</u> DONNA L. BANNING 4-28-04 352-684-0965 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |