


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90749 044 ***150.00

DOCUMENT # P03000106919

1. Entity Name
FIDO AND FRIENDS, INC.



Principal Place of Business Mailing Address

**1020 NW 13TH ST.
 GAINESVILLE, FL 32601 US** **6879 NE 21ST PL
 HIGH SPRINGS, FL 32643 US**



2. Principal Place of Business 3. Mailing Address

813 NW 6th St. Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

City & State City & State

GAINESVILLE FL ---

Zip Country Zip Country

32601 United States --- ---

4. FEI Number Applied For

01-0805781 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

**STAHLHEBER, DANA M
 6879 NE 21ST PL
 HIGH SPRINGS, FL 32643**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

 \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STAHLHEBER, DANA M | |
| STREET ADDRESS | 6879 NE 21ST PL | |
| CITY-ST-ZIP | HIGH SPRINGS, FL 32643 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | DUNLAP, MICHELLE | |
| STREET ADDRESS | 6879 NE 21ST PL | |
| CITY-ST-ZIP | HIGH SPRINGS, FL 32643 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | BROWN, JEFFREY S | |
| STREET ADDRESS | 6879 NE 21ST PL | |
| CITY-ST-ZIP | HIGH SPRINGS, FL 32643 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY S. BROWN

3/31/04 **(386) 454-1539**
Date Daytime Phone #