

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000110007 1. Entity Name CRAZY DOG INC		
Principal Place of Business 18011 S TAMiami TRAIL D-1 FORT MYERS, FL 33908 US	Mailing Address 18011 S TAMiami TRAIL D-1 FORT MYERS, FL 33908 US	
DO NOT WRITE IN THIS SPACE		
04272006 No Chg-P CR2E034 (11/05) 4. FEI Number 20-0278023 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MICHAEL, GUILLOT 18229 MAPLE ROAD FORT MYERS, FL 33912		
DO NOT WRITE 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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 05/13/06-80038-022 150.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MICHAEL, GUILLOT 18229 MAPLE ROAD FORT MYERS, FL 33912	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Reg Agent 4/28/06 (239)481-4192 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		