


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90013 004 ***150.00

DOCUMENT # P03000120585 1. Entity Name DOGGY NANNYZ, INC					
Principal Place of Business 1553 NW 21ST AVENUE GAINESVILLE, FL 32609			Mailing Address 1553 NW 21ST AVENUE GAINESVILLE, FL 32609		
2. Principal Place of Business 1220 NW 117th Terrace Suite, Apt. #, etc.			3. Mailing Address 1220 NW 117th Terrace Suite, Apt. #, etc.		
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 20-0338071	
Zip 32606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNLAP, MICHELLE 1553 NW 21ST AVENUE GAINESVILLE, FL 32609				7. Name and Address of New Registered Agent Name Jennifer Butler Street Address (P.O. Box Number is Not Acceptable) 1220 NW 117th Terrace City Gainesville FL Zip Code 32606	
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 Jennifer Butler - President - Jennifer Butler (P) 4/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <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	P DUNLAP, MICHELLE 1553 NW 21ST AVENUE GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jennifer Butler 1220 NW 117th Terrace Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: Jennifer Butler Jennifer Butler <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/04 (352)333-7715 <small>Date Daytime Phone #</small>		

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