

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90223 007 ***150.00

DOCUMENT # P04000016779

1. Entity Name
DOG 'N' BONE BRITISH PUB INC.



Principal Place of Business Mailing Address
9 STONE STREET **9 STONE STREET**
COCOC, FL 32922 US **COCOC, FL 32922 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



04182007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
06-1716177 Not Applicable

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

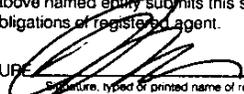
6. Name and Address of Current Registered Agent

WELLS, TRACEY
9 STONE STREET
COCOA, FL 32922

7. Name and Address of New Registered Agent

Name **LEMON, DAVID J.**
 Street Address (P.O. Box Number is Not Acceptable)
1325 FIDDLER AVE
 City **MERRITT ISLAND** **FL** Zip Code **32952**

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:  **David J. Lemon, Pres** **4/19/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

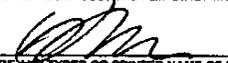
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WELLS, TRACEY	
STREET ADDRESS	9 STONE STREET	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLS, SIMON	
STREET ADDRESS	9 STONE STREET	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEMON, DAVID J	
STREET ADDRESS	180 SKYLARK DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMON, RICHARD D	
STREET ADDRESS	180 SKYLARK AVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1325 FIDDLER AVE.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
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 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:  **David J. Lemon Pres.** **4/19/07** **(321) 403-8160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #