


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90409 020 \*\*\*150.00

**DOCUMENT # P04000089345**

1. Entity Name  
**DOG MAN DU INC.**



Principal Place of Business      Mailing Address

1038 NORTH HIGHWAY 395      1038 NORTH HIGHWAY 395  
 SANTA ROSA BEACH, FL 32459      SANTA ROSA BEACH, FL 32459

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



04252005      Chg-P      CR2E034 (10/03)

4: FEI Number      Applied For

**20-1219675**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

HIGGS, DAVID A  
 1038 NORTH HIGHWAY 395  
 SANTA ROSA BEACH, FL 32459

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      D       Delete

NAME      HIGGS, DAVID A

STREET ADDRESS      1038 NORTH 395

CITY-ST-ZIP      SANTA ROSA BEACH, FL 32459

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE      D       Delete

NAME      SAGE, CAROL J

STREET ADDRESS      PO BOX 611512

CITY-ST-ZIP      ROSEMARY BEACH, FL 32461

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE      D       Delete

NAME      SAGE, LEE A

STREET ADDRESS      PO BOX 611512

CITY-ST-ZIP      ROSEMARY BEACH, FL 32461

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       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:** Carol J. Sage      4/29/05      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #