

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133125

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** THE BARK PARK, DAYCARE FOR DOGS, INC.

**Current Principal Place of Business:**

2245 NURSERY ROAD  
SUITE B & C  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2245 NURSERY ROAD  
SUITE B & C  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DODD, KRISTIN A  
2245 NURSERY ROAD  
SUITE B & C  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

CHILMONCZYK, CANDACE J  
2245 NURSERY ROAD  
SUITE B & C  
CLEARWATER, FL 33764 US

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.

SIGNATURE: CANDACE CHILMONCZYK

07/06/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DODD, KRISTIN A  
Address: 2245 NURSERY ROAD, SUITE B & C  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP ( ) Delete  
Name: DODD, WILLIAM C  
Address: 2245 NURSERY ROAD, SUITE B & C  
City-St-Zip: CLEARWATER, FL 33764 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHILMONCZYK, CANDACE J  
Address: 2245 NURSERY ROAD, SUITE B & C  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP (X) Change ( ) Addition  
Name: CHILMONCZYK, JOHN T  
Address: 2245 NURSERY ROAD, SUITE B & C  
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE CHILMONCZYK

P

07/06/2006

Electronic Signature of Signing Officer or Director

Date