

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000134305

Entity Name: IRONDOG INC.

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10483 NW GRAY ROAD  
CLARKSVILLE, FL 32430

**New Principal Place of Business:**

**Current Mailing Address:**

10483 NW GRAY ROAD  
CLARKSVILLE, FL 32430

**New Mailing Address:**

FEI Number: 20-1732700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOXWORTH, AMY C  
10483 NW GRAY ROAD  
CLARKSVILLE, FL 32430 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FOXWORTH, AMY C  
Address: 10483 NW GRAY RD.  
City-St-Zip: CLARKSVILLE, FL 32430

Title: VP  
Name: FOXWORTH, LEVI S  
Address: 10483 NW GRAY RD.  
City-St-Zip: CLARKSVILLE, FL 32430

Title: S  
Name: FOXWORTH, LEVI S  
Address: 10483 NW GRAY RD.  
City-St-Zip: CLARKSVILLE, FL 32430

I hereby 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 all other like empowered.

SIGNATURE: AMY C. FOXWORTH

PRES

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date