## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 19, 2006 8:00 am Secretary of State DOCUMENT # P04000149731 05-19-2006 90024 007 \*\*\*150.00 DAWG GONE GOOD, INC. Principal Place of Business Mailing Address P.O. BOX 1116 EUSTIS FL 32727 P.O. BOX 1116 EUSTIS FL 32727 2. Principal Place of Business 929 50 BA4 Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 20-1944003 Not Applicable 80173 Country U.SA Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ONALP MAROSE, RONALD J Street Address (P.O. Box Number is Not Acceptable), 929 50. BAY 5+ 111 DOUGLAS DR EUSTIS FL 32726 City Eustis 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. 4-14-05 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Lee S. MAROSO Lee S. MAROSO P.O. BOX 111C EVSTIS EL 32727 TITLE Delete TITLE ☐ Addition MAROSE, LEE S NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1116 CITY-ST-ZIP EUSTIS FL 32727 CITY-ST-ZIP TITLE ST TITLE Addition NAME MAROSE, RONALD J NAME STREET ADDRESS P.O. BOX 1116 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32727 TITLE ☐ Delete THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

357-483-2249