

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023196

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: DELTONA DOGGIE DAYCARE, INC.

## Current Principal Place of Business:

265 FT SMITH BLVD  
DELTONA, FL 32738 US

## New Principal Place of Business:

## Current Mailing Address:

265 FT SMITH BLVD  
DELTONA, FL 32738 US

## New Mailing Address:

FEI Number: 20-2333598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLOAN, JAMES A  
846 TAMERLANE ST  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

ANTHONY, JAMES P  
1472 MELSHIRE AVENUE  
DELTONA, FL 32738 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: SHARON R. ANTHONY

02/01/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SLOAN, JAMES A  
Address: 846 TAMERLANE ST  
City-St-Zip: DELTONA, FL 32725 US

Title: VP,S ( ) Delete  
Name: ANTHONY, SHARON R  
Address: 1613 SUMATRA AVE  
City-St-Zip: DELTONA, FL 32738 US

Title: T ( ) Delete  
Name: ANTHONY, SHARON R  
Address: 1613 SUMATRA AVE  
City-St-Zip: DELTONA, FL 32738 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANTHONY, JAMES P  
Address: 1472 MELSHIRE AVENUE  
City-St-Zip: DELTONA, FL 32738 US

Title: VP,S (X) Change ( ) Addition  
Name: ANTHONY, SHARON R  
Address: 1472 MELSHIRE AVENUE  
City-St-Zip: DELTONA, FL 32738 US

Title: T (X) Change ( ) Addition  
Name: ANTHONY, SHARON R  
Address: 1472 MELSHIRE AVENUE  
City-St-Zip: DELTONA, FL 32738 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: SHARON R. ANTHONY

V.P.

02/01/2006

Electronic Signature of Signing Officer or Director

Date