2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State
04-03-2006 90385 031 ***150.00

DOCUMENT # P05000047009
1. Entity Name
DYESS BULLDOGS INC.

Principal Place of Business
2719 SUNDANCE CIR
MULBERRY, FL 33860

Mailing Address
2719 SUNDANCE CIR
MULBERRY, FL 33860

66011758

02222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 3511 Christina Groves Cir. S
Suite, Apt. #, etc.
City & State: Lakeland FL
Zip: 33813 Country: Polk

3. Mailing Address: 3511 Christina Groves Cir. S
Suite, Apt. #, etc.
City & State: Lakeland FL
Zip: 33813 Country

4. FEI Number: 20-2519159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DYESS, JOHNATHAN B
2719 SUNDANCE CIR.
MULBERRY, FL 33860

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 3511 Christina Groves Cir. S
City: Lakeland FL Zip Code: 33813

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYESS, JOHNATHAN B 2719 SUNDANCE CIR. MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dyess, Johnathan B 3511 Christina Groves Cir. S Lakeland FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHAEFER, HEATHER 2725 SUNDANCE PL. MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 3-14-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #