## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # P05000048894** 

## **FILED** May 11, 2007 8:00 am Secretary of State 05-11-2007 90032 042 \*\*\*158.75

1. Entity Name RED DOG SALOON, INC.								
Principal Place of Business 12542 U.S. HIGHWAY 301 SOUTH STARKE, FL 32091		Mailing Address 12542 U.S. HIGHWAY 301 SOUTH STARKE, FL 32091		40111119				
1 2 5 4/3 Suite, Apt. #	, etc.	3. Mailing Address  12542 U.S. ΗωΥ 301 S  Suite, Apt. #, etc.		05032007	Chg-P	CR2E034 (12/0	6)	
City & State  STARKE FLA		City & State  57 ARME FLA		4. FEI Numb			Applied For Not Applicable	
32091	Country  BRAD FOR O  6. Name and Address of Current F	32091	Countr		5. Certificate	of Status Desired	\$8.75 Fee Requ	Additional
Name Name						<del> </del>		<del></del>
YORK, SHIRLEY M 12542 U.S. HIGHWAY 301 SOUTH STARKE, FL 32091				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
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 the size of agent and trille if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Due by September 14, 2007 Trust Fund Contribution.					5.00 May Be ded to Fees		with s. 607.193(2)(inot receive the pri	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 11
	D YORK, SHIRLEY M 12542 U.S. HIGHWAY 301 SOUT STARKE, FL 32091	☐ Delete		T ADDRESS ST-ZIP			☐ Chang	ge 🗌 Addition
NAME				T ADDRESS ST-21P			☐ Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		A MANAGEMENT AND A STATE OF THE	☐ Chan	ge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	artily that the information supplied with	Delete	CITY-	T ADDRESS ST-ZIP	dia Chassa	Q. Elovida Statutac I	☐ Cham	ge Addition

Incredy 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 it 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: FALL DYDAX POLICE OF DIGHTS OF FICER OF DIRECTOR

904-964-3428