



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000051422 1. Entity Name RODWELL K-9 TRAINING, INC	
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Principal Place of Business 1014 HORNBEAM ST OVIEDO, FL 32765 US	Mailing Address 1014 HORNBEAM ST OVIEDO, FL 32765 US
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DO NOT WRITE IN THIS SPACE



05042008	No Chg-P	CR2E034 (11/05)
4. FEI Number 20-2618084	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RODRIGUEZ-WELLS, NESTOR
1014 HORNBEAM ST
OVIEDO, FL 32765

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$850.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD00000849011
06/03/08-80010-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME	PVST RODRIGUEZ-WELLS, NESTOR
STREET ADDRESS CITY-ST-ZIP	1014 HORNBEAM ST OVIEDO, FL 32765
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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:  5/4/08 407-221-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #