

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90012 050 ***150.00

DOCUMENT # P05000110407

1. Entity Name

LITTLE BITS DOG SPA, INC.



Principal Place of Business

4270 ALOMA AVE STE 150
WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVE STE 150
WINTER PARK FL 32792

2. Principal Place of Business - No P.O. Box #

4868 N. Magnolia Ave

Suite, Apt. #, etc.

3. Mailing Address

4868 N. Magnolia Ave

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

20-3301016

Applied For

Not Applicable

Zip

32792

Country

Zip

32792

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEOFFROY, SUZAN
4270 ALOMA AVE STE 150
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

Geoffroy, Suzan

Street Address (P.O. Box Number is Not Acceptable)

4868 N. Magnolia Ave

City

Winter Park

FL

Zip Code

32792

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

Suzan A. Geoffroy

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEOFFROY, SUZAN	
STREET ADDRESS	4270 ALOMA AVE STE 150	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, TRACI	
STREET ADDRESS	4270 ALOMA AVE STE 150	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geoffroy, Suzan	
STREET ADDRESS	4868 N. Magnolia Ave	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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.

SIGNATURE:

Suzan A. Geoffroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #