

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90115 014 ***150.00

DOCUMENT # P05000164951		
1. Entity Name BIG DOG ACRYLICS		
Principal Place of Business 75 TEMPLE GROVE DR. WINTER GARDEN, FL 34787	Mailing Address 75 TEMPLE GROVE DR. WINTER GARDEN, FL 34787	



2. Principal Place of Business		3. Mailing Address		04162006	Chg-P	CP2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 42-1688792	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBINSON, ERIC L 75 TEMPLE GROVE DR. WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent	
		Name	
		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 registered agent and the fee applicable. (If No. 11 Registered Agent signature required when terminating) DWT

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		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBINSON, ERIC L		NAME		
STREET ADDRESS	75 TEMPLE GROVE DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTERGARDEN, FL 34787		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

Eric Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-17-06**

Deputy Filing #