

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073791

Entity Name: HOWLING DOGS COMPANY

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

30599 US HWY 19 N
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

1743 WOOD TRAIL ST.
TARPON SPRINGS, FL 34689

New Mailing Address:

30599 US HWY 19 N
PALM HARBOR, FL 34684

FEI Number: 20-4971705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLARDI, LORI
12814 WALLINGFORD DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOODWIN, GERALD
Address: 1743 WOOD TRAIL ST.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: MALLARDI, STEVE
Address: 12814 WALLINGFORD DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MALLARDI, LORI
Address: 12814 WALLINGFORD DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: GOODWIN, CYNTHIA
Address: 1743 WOOD TRAIL ST.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MALLARDI

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date