

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

04-11-2008 90052 032 ***150.00

DOCUMENT # P07000096019					
1. Entity Name STORMIE DAWGS, INC.					
Principal Place of Business 7920 OSTEEN ROAD NEW PORT RICHEY, FL 34653 US			Mailing Address 7920 OSTEEN ROAD NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0797968	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHANCE, STEPHEN F 7920 OSTEEN ROAD NEW PORT RICHEY, FL 34653				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: _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PO CHANCE, STEPHEN F 7920 OSTEEN ROAD NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CHANCE, SHARON LEE 7920 OSTEEN ROAD NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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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: <u>Stephen Chance</u> <u>STEPHEN CHANCE</u> <u>4-9-08</u> <u>727 541-7417</u> Typed or printed name of signing officer or director Date Daytime Phone #					

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