

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059824

FILED  
Jun 05, 2009  
Secretary of State

Entity Name: SOUTHWEST FLORIDA PROFESSIONAL DOG TRAINERS ALLIANCE, INC.

**Current Principal Place of Business:**

2496 KIRKWOOD AVENUE  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

2496 KIRKWOOD AVENUE  
NAPLES, FL 34112 US

**New Mailing Address:**

FEI Number: 26-2890644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RINEHART, MARGARET  
Address: 2496 KIRKWOOD AVE  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: CAMPBELL, TIFFANY  
Address: 2496 KIRKWOOD AVE  
City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Change (X) Addition  
Name: CIULLA, GEORJEAN  
Address: 2496 KIRKWOOD AVENUE  
City-St-Zip: NAPLES, FL 34112

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: TIFFANY CAMPBELL

D

06/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date