

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000059824

**FILED**  
**Apr 30, 2011**  
**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 (X)**

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

CAMPBELL, TIFFANY L  
2475 COACH HOUSE LANE  
NAPLES, FL 34105 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BATES, JEANNIE C  
Address: 2496 KIRKWOOD AVENUE  
City-St-Zip: NAPLES, FL 34112

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

I hereby 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 all other like empowered.

SIGNATURE: TIFFANY CAMPBELL

D

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date