

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028137

1. Entity Name
SKY DOG, INC.



Principal Place of Business
**30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAVNE, FL 33149**

Mailing Address
**30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAVNE, FL 33149**



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0573828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUYANIC, MAX D
30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAVNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**000000400500
04/17/06-80008-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CV
NAME	BERTOLD, RICHARD
STREET ADDRESS	28405 SW 170 AVE
CITY- ST- ZIP	HOMESTEAD, FL
TITLE	PST
NAME	MATHESON, RON
STREET ADDRESS	12711 EAGLE'S NEST
CITY- ST- ZIP	BOKEELIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard D. Bertold 3/12/06 305-366-5296
4/24/06