

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 027 ***150.00

DOCUMENT # P96000026281

1. Entity Name
CANINE BEAUTY SALON, INC.



Principal Place of Business

35 E. BLUE HERON BLVD.
RIVERA BEACH, FL 33404

Mailing Address

35 E. BLUE HERON BLVD.
RIVERA BEACH, FL 33404

01001014

1. I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS 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 APPLICABLE.

DO NOT WRITE IN THIS SPACE

07082004 No Chg-P CR2E031 (10/03)

4. FEI Number
65-0687946

Applied For
Not Applicable

5. Certificate of Status Taxed

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CALLAWAY, DANA D
35 E. BLUE HERON BLVD.
RIVERA BEACH, FL 33404

**DO NOT WRITE
IN THIS SPACE**

6. 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 must be printed in block letters and must be legible.

(PRINTED NAME OF CURRENT REGISTERED AGENT)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
This Year's Contribution

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.185(2)(b), F.S., the
corporation did not elect the prior method.

10. (SEE INSTRUCTIONS ON REVERSE)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALLAWAY, DANA D
16922 80TH LANE N
LOXAHATCHIEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAGIEL, RAYMOND
15000 80TH LANE N
LOXAHATCHIEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 applicable.

SIGNATURE:

Signature must be printed in block letters and must be legible.

DATE

Signature must be printed in block letters and must be legible.