

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000061089

1. Entity Name  
CELEBRITY DOG SERVICES, INC.



Principal Place of Business  
1405 MCKINLEY AVENUE  
LEHIGH ACRES, FL 33936

Mailing Address  
1405 MCKINLEY AVENUE  
LEHIGH ACRES, FL 33936



04292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0696342 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, MICHAEL K  
1405 MCKINLEY AVENUE  
LEHIGH ACRES, FL 33936

**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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MILLER, MICHAEL K  
STREET ADDRESS 1405 MCKINLEY AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D  
NAME MILLER, CECILIA M  
STREET ADDRESS 1405 MCKINLEY AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D  
NAME LOPEZ, MANUEL A JR  
STREET ADDRESS 1405 MCKINLEY AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D  
NAME LOPEZ, MANUEL  
STREET ADDRESS 1405 MCKINLEY AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE D  
NAME LOPEZ, CECILIA  
STREET ADDRESS 1405 MCKINLEY AVENUE  
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000559214  
05/17/06-80129-006 150.00

**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]* ACCOUNTANT 4-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #