

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 037 ***150.00

DOCUMENT # P97000092877					
1. Entity Name DOW DAWGS, INC.					
Principal Place of Business 3161-4 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246			Mailing Address 3161-4 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246		
2. Principal Place of Business 11645 Beach Blvd.		3. Mailing Address 11645 Beach Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3474937	
Zip 32246		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCURRY, EDGAR W JR 3161-4 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name: Pamela S. Stefansen Street Address (P.O. Box Number is Not Acceptable): 11645 Beach Blvd., Suite 200 City: Jacksonville FL Zip Code: 32246		
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: <i>Pamela S. Stefansen</i> Pamela S., Stefansen April 15, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCURRY, EDGAR W JR 3161-4 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSS, FRANCES W 3161-4 ST. JOHNS BLUFF RD S STE 4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Moss, Frances W. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADFORD, SHERYL 3161 ST. JOHNS BLUFF RD S STE 4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bradford, Sheryl 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEFANSEN, PAMELA S 3161 ST. JOHNS BLUFF RD S STE 4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Stefansen, Pamela S. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCURRY, EDGAR W III 3161 ST. JOHNS BLUFF RD., S. STE 4 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McCurry, Edgar W. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mickler, Robert O. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 (904) 645-6555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					