2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90776 023 ***150.00

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DOCUMENT # P98000079869

1. Entity Name
DOGLEG, INC.

Principal Place of Business
812 CASCADE AVENUE
LEESBURG, FL 34748

Mailing Address
812 CASCADE AVENUE
LEESBURG, FL 34748

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1363 W. Lakeshore Dr		1363 W. Lakeshore Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clermont FL		City & State: Clermont FL	
Zip: 34711-2939	Country: USA	Zip: 34711-2939	Country: USA

4. FEI Number: 59-3539504 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HYAMS, DEBORAH D
812 CASCADE AVENUE
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name: Deborah D. Hyams Wade
Street Address (P.O. Box Number is Not Acceptable): 1363 W. Lakeshore Drive
City: Clermont FL Zip Code: 34711-2939

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: Deborah D. Hyams Wade 4/29/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HYAMS, DEBORAH D		NAME	Deborah D. Hyams Wade	
STREET ADDRESS	812 CASCADE AVENUE		STREET ADDRESS	1363 W. Lakeshore Drive	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Clermont, FL 34711-2939	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: CEO Deborah D Hyams Wade 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #