

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90054 049 ***150.00

DOCUMENT # P98000097063

1. Entity Name

DOG DAY AFTERNOON INC.



Principal Place of Business

1015 SLIGH BLVD
ORLANDO, FL 32806

Mailing Address

1015 SLIGH BLVD
ORLANDO, FL 32806

40018476



DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3544093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHWW, INC.
390 N. ORANGE AVENUE
1500
ORLANDO, FL 32801

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SCHLANSKY, EMILY A
2508 BIG BEND TRAIL
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MUSCATELLO, FREDERICK
2508 BIG BEND TRAIL
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
Waldrop, Anna
5020 Natalie St
Orlando, FL 32807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Katherine Weigel
1927 Grand Isle Circle 7228
Orlando, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2/4/07 407-835-9200
Date Daytime Phone #