

APR 19 2005 12:53 4073330352

WOLFE YOUNG COMPANY

5/

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-03-2005 90133 041 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000101288					
1. Entity Name K-1 BOARDING - DOG TRAINING CENTER, INC.					
2. Principal Place of Business 15020 CR 48 ASTATULA, FL 34705			3. Mailing Address 15020 CR 48 ASTATULA, FL 34705		
4. Principal Place of Business Suite, Apt. #, etc.			5. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GAILEY, HELEN 15020 CR 48 ASTATULA, FL 34705			7. Name and Address of New Registered Agent Name BOB GAILEY Street Address (P.O. Box Number is Not Acceptable) 15020 CR 48 City ASTATULA FL Zip Code 34705		
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 <u>Bob Gailey</u> DATE <u>5-29-2005</u>					
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD GAILEY, BOB 15020 CR 48 ASTATULA, FL 34705 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bob Gailey</u> DATE <u>4-25-2005</u> PHONE <u>352-742-3427</u>					

66022222



04182005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3544501 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredFILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
GAILEY, BOB
15020 CR 48
ASTATULA, FL 34705 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Gailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDATE 4-25-2005PHONE 352-742-3427