


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90015 017 \*\*\*158.75

<b>DOCUMENT # P99000046101</b> 1. Entity Name <b>SUN STATE SPECIALTY K-9'S, INC.</b>					
Principal Place of Business <b>2450 JERRY CIRCLE BACK PORT ORANGE FL 32128</b>			Mailing Address <b>1500 BEVILLE RD STE 606/313 DAYTONA BEACH FL 32114</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NOLIN, HENRI R 1500 BEVILLE RD DAYTONA BEACH FL 32114</b>			Name <b>NOLIN, HENRI R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2450 JERRY Circle</b> City <b>PORT ORANGE</b> <b>FL</b> Zip Code <b>32128</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOLIN, HENRI R	NAME		<b>Please change the city + zip code</b>	
STREET ADDRESS	2450 JERRY CR	STREET ADDRESS		<b>PORT ORANGE, FL 32128</b>	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP		<b>PORT ORANGE, FL 32128</b>	
TITLE	V <input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOLIN, JEAN M	NAME		<b>Change the city + zip code</b>	
STREET ADDRESS	2450 JERRY CR	STREET ADDRESS		<b>PORT ORANGE, FL 32128</b>	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP		<b>PORT ORANGE, FL 32128</b>	
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Henri R Nolin</i>		Date: <b>1-27-04</b>		Daytime Phone #: <b>386-257-3275</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



MOORE CR2E034 (11/03)

4. FEI Number **59-3587851** Applied For ☐ Not Applicable ☒

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