2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071294

1. Entity Name

BIG DOG AUTO TRANSPORT, INC.



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

SIGNATURE:

240 ENTERPRISE OSTEEN RD OSTEEN, FL 32764

Mailing Address

240 ENTERPRISE OSTEEN RD OSTEEN, FL 32764



DO NOT WRITE IN THIS SPACE

04072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3595997 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

4-17-00

	named entity submits this statement for the poons of registered agent.	urpose of changing its reg	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Re	gratered Agent signature	e 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 DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORE, KURT A 240 ENTERPRISE OSTEEN RD OSTEEN, FL 32764				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORE, SANDI A 240 ENTERPRISE OSTEEN RD OSTEEN, FL 32764				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000721413 05/01/07-80144-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					83/81/8(7881447816 158.88
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.					

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SIGNATURE AND TYPED OR PRINTED NAME OF

GNING OFFICER OR DIRECTOR