

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000098136

1. Entry Name
PUPPY DREAMS, INC.



Principal Place of Business
703 SOUTH VINELAND
WINTER GARDENS, FL 34787

Mailing Address
703 SOUTH VINELAND
WINTER GARDENS, FL 34787



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3607655

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASICA, ANTHONY R
703 SOUTH VINELAND
WINTER GARDENS, FL 34787

**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, 2006 Fee will be \$550.00

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

U000000381947
01/11/06-80076-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
BASICA, RAYMOND D
418 N. LAKEVIEW AVE.
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DTS
BASICA, JUANITA L
418 N. LAKEVIEW AVE.
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BASICA, ANTHONY R
566 SAND LIME RD #197
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Juanita L Basica* - JUANITA L BASICA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 407-654-8885
Date Daytime Phone #