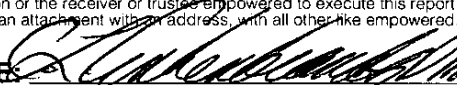


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 010 ***150.00

DOCUMENT # S20185 1. Entity Name WOOF, INC.					
Principal Place of Business 15880 SUMMERLIN RD STE 111 FORT MYERS, FL 33908 US			Mailing Address C/O KEN WOODRUFF 801 S. BROAD ST. BROOKSVILLE, FL 34601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 15880 SUMMERLIN ROAD			
Suite, Apt. #, etc. 111		Suite, Apt. #, etc. 111		05292008 Chg-P CR2E034 (12/06)	
City & State FT. MYERS, FL.		City & State FT. MYERS, FL.		4. FEI Number 59-3040875	
Zip 33908		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUSCAN, MARK A 6238 PRESIDENTIAL CT. SUITE 5 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANKENBRANDT, JOHN 15120 ANCHORAGE WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ANKENBRANDT, JOHN 15450 SWEET WATER CT. FT. MYERS, FL., 33912
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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  Cheryl Ankenbrandt 6/16/08 239-454-9160 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60044541

