## 2005 FOR PROFIT CORPORATION \_\_ANNUAL REPORT

## FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # V45340  1. Entity Name DOWG PROPERTIES OF WNY, INC.  Principal Place of Business  110 N MAGNOLIA ST TALLAHASSEE, FL 32301  DO NOT WRITE IN THIS SPACE	Secretary of State  O4072005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 16-1420593 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	16
SIGNATURE Signafus typetru printed name of regissered agent and thiste applicable (NOTE, Registered	Agent signature required when reinstating)  Date
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.	ing \$5.00 May Be
10. OFFICERS AND DIRECTORS	-2
NAME DAY, DONALD S	
STREET ADDRESS 100 M&T CENTER CITY-ST-ZIP BUFFALO, NY	
TITLE	- U00000305725 04/15/05-80028-001 150.00
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	IN THIS SPACE
STREET ADDRESS	
CTTY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	_
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exem	ntion stated in Section 119.07(3)(i) Florida Statutes Liturther certify that the information
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 for 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELETOR	