

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2004  
Secretary of State**

DOCUMENT# N98000000805

Entity Name: FLORIDA DOBERMAN RESCUE, INC.

**Current Principal Place of Business:**

66 MOODY DR  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

1451 TAMA RAN PLACE  
JACKSONVILLE, FL 32259 US

**Current Mailing Address:**

1093 A1A BEACH BLVD  
#343  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

FEI Number: 59-3492619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHESTNUT, PAIGE  
66 MOODY DR  
PALM COAST, FL 32137

**Name and Address of New Registered Agent:**

CHESNUT, PAIGE  
1093 A1A BEACH BLVD.  
#343  
ST. AUGUSTINE, FL 32080

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.

SIGNATURE: PAIGE CHESNUT      01/12/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: CHESTNUT, STEVEN  
Address: 66 MOODY DR.  
City-St-Zip: PALM COAST, FL 32137

Title: PTD ( ) Delete  
Name: CHESTNUT, PAIGE  
Address: 66 MOODY DR.  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: LEO, DORIS  
Address: 2800 NW 32ND ST  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VSD (X) Change ( ) Addition  
Name: BARNES, RANDY  
Address: 1451 TAMA RAN PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD (X) Change ( ) Addition  
Name: BARNES, JANE  
Address: 1451 TAMA RAN PLACE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD (X) Change ( ) Addition  
Name: CHESNUT, PAIGE  
Address: 1093 A1A BEACH BLVD. #343  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAIGE CHESNUT      TD      01/12/2004  
Electronic Signature of Signing Officer or Director      Date