


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90027 040 ****61.25

DOCUMENT # 734078	
1. Entity Name K-9 OBEDIENCE CLUB OF JACKSONVILLE, INC.	

Principal Place of Business 2638 POWERS AVE JACKSONVILLE, FL 32207	Mailing Address 6642 WELLINGTON PL LANE JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2090317		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BILLINGE, LAURIE 6642 WELLINGTON PL LANE JACKSONVILLE, FL 32216		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Laurie A. Billinge, Pres. DATE 1/11/07
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLINGE, LAURIE 6642 WELLINGTON PL LN. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCK, EDWARD 11649 BRUSH RIDGE CIR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTAQNO, PAULA 2367 ABTC DR W JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Colleen Whalen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2565 Treemont St. JAX, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERRY, ELLEN 7915 FRESCA ST JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VANDEVELDE, PHYLLIS 1429 EDGEWOOD CIR JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Zaborowski <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1266 Vacuna Rd Kingsland, Ga. 31548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, BARBARA 11919 MANDARIN RD. JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 617, 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: Laurie A. Billinge, Pres. DATE 1/11/07 904-721-4787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR