2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90119 004 ****61.25

DOCUMENT # 706761

1. Entity Name
UPPER SUNCOAST DOG OBEDIENCE CLUB INC

50014623

Principal Place of Business	Mailing Address
2101 LOGAN ST CLEARWATER, FL 33765 US	2101 LOGAN ST CLEARWATER, FL 33765 US

04162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1740464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POPLER, ALICE 2101 LOGAN ST CLEARWATER, FL 33765	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORO, BETTY 3162 SANDY RIDGE DR. CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINBLAD, KATHLEEN 490 PURPLE FINCH WAY PALM HARBOR FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, LISA 149 LAKESHORE DR N PALM HARBOR, FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSIDY, PETER 5126 13TH AVE SOUTH GULFPORT FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, JANICE 1210 COWART ROAD PLANT CITY, FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WELLS, BETTY UMBERTO 11067 117TH LN N LARGO FL 33778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, LOU 1290 IDLEWILD DRIVE CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MODDER, ROBYNN 1652 SAN CHARLES DR. DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRITZ, MICHAEL 729 BALDWIN ROAD PALM HARBOR, FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAURO, MICHELLE 4003 ARROYO LN TAMPA FL 33624	☐ Change ☒ 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: Michelle A Mauro (Treasurer) MICHELLE MAURO 4-18-06 813-908-2290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #