## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # 706761  1. Entity Name UPPER SUNCOAST DOG TRAINING CLUB, INC					Ļ	05-02-200	901 <i>6</i> 1 (	)35 ****	61.25
Principal Place of Business Mailing Address 2101 LOGAN ST 2101 LOGAN ST CLEARWATER, FL 33765 US CLEARWATER, FL 33765				•	1 JESTII 1 <b>0 SO</b> II <b>80</b> 111	B BIIIN (BBIB BIIBN II)	01 01011 01011 01012	JESTI BISIJ SIS	RIJER SE KORI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008 C	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number 59-17404	64			oplied For
Zip Country		Zip	Zip Country		5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I	Registered A	gent	
DODI ED ALICE				Name					
POPLER, ALICE 2101 LOGAN ST CLEARWATER, FL 33765			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	e
8. The above	named entity submits this statement for	or the purpose of changing i	ts registered office	or register	ed agent, or both, in	n the State of FI		miliar with.	and accept
the obligat	ions of registered agent.								!
	Signature, typed or printed name of registered agent	t and title if applicable. (NU	OTE: Registered Agent sig	nature required	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election C	ots: Registered Agent sig ampaign Financing I Contribution.		\$5.00 May Be Added to Fees		DATE Make check rida Depart	payable t	
10.	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign Financing	9 🗆 .	\$5.00 May Be	Flo	dake check rida Depart	payable to ment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election C Trust Fund	ampaign Financing Contribution.	P CAR \$ 356	\$5.00 May Be Added to Fees ADDITIONS/CHANC	GES TO OFFICE	Make check rida Depart ERS AND DIR	payable to ment of Si ECTORS IN Change	tate
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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, withfull other like empowered.

SIGNATURE: SIGNATURE AND TYPED PRINTED NAME OF S

Date Date

727-892-3900

Daytme Phone #

# 706761- ADDITIONAL OFFICERS 59-1740464

BETZ, JANIE 1820 SANTA ANNA DR DYNEDIN FL 34698

40094490

S POPPLER, ALICE 2124 CATALINA DR S CLEARWATER FL 33764