

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725270

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: TAMPA BAY PUG CLUB, INC.

**Current Principal Place of Business:**

17531 GUNLOCK RD.  
LUTZ, FL 335588442 US

**New Principal Place of Business:**

**Current Mailing Address:**

17531 GUNLOCK RD.  
LUTZ, FL 335588442 US

**New Mailing Address:**

FEI Number: 65-0131148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARD, RANDY C  
17531 GUNLOCK RD.  
LUTZ, FL 33558 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOYNER, CINDY  
Address: 8601 SUNNYDALE LANE  
City-St-Zip: LAKELAND, FL 33809 US

Title: TD ( ) Delete  
Name: ARD, RANDY C  
Address: 17531 GUNLOCK RD  
City-St-Zip: LUTZ, FL 335588442

Title: SD ( ) Delete  
Name: CORREA, SARINA  
Address: 11003 GREENAIRE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: VD ( ) Delete  
Name: SMITH, ROYCE  
Address: 9420 SAYER STREET  
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete  
Name: GARCIA, SANDRA  
Address: 112 VALRICO STATION ROAD #1  
City-St-Zip: VALRICO, FL 33594 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RANDY C. ARD

TD

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date