


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90117 023 ****61.25

DOCUMENT # 753433 1. Entity Name FIVE FLAGS DOG TRAINING CLUB OF PENSACOLA, FLORIDA, INC.	
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60003178



Principal Place of Business 6749 SHADY HOLLOW DR MILTON, FL 32571 US	Mailing Address P.O. BOX 10448 PENSACOLA, FL 32524 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3205556	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARSE, CONNIE 6749 SHADY HOLLOW DR MILTON, FL 32571	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 SHIMEL, SUSAN 3441 BAISDEN ROAD PENSACOLA, FL 32503 <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	VPD MARSE, CONNIE 6749 SHADY HOLLOW DRIVE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSE, CONNIE 6749 SHADY HOLLOW DRIVE PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCINTYRE, ANN 1800 EAST MAXWELL STREET PENSACOLA, FL 32503 <input checked="" 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	SD SANFORD, CINDY 4316 5TH AVENUE PACE, FL 32571 <input checked="" 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	D ROHLKE, TONI 2934 DUKE DRIVE GULF BREEZE, FL 32563 <input checked="" 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	PD GRINSTEAD, TAMI 5792 PEBBLE RIDGE DR MILTON, FL 32783 <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: Anne Feathers ANNE FEATHERS

1-16-07 850 5872726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

See Attachment

BLOCK 11

Attachment

753433

ATTACHMENT

6003/78

TD

FEATHERS, ANNE
2412 LANK RD
MOLINO, FL 32577

VPD

FLETCHER, MICHELE
2217 CALLE DE CASTELAR
NAVARRE, FL 32566

SD

MORGAN, GINA
1908 FLAMINGO LANE
NAVARRE, FL 32566

D

FLEMING, CONNIE
7748 FOLKSTONE DR
PENSACOLA, FL 32514-6611

D

HUASON, BETH
9795 N. LOOP RD
PENSACOLA, FL 32507

D

GARFIELD, JAMES
537 E. ROMANA ST
PENSACOLA, FL 32502