

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005764

FILED
Apr 14, 2006
Secretary of State

Entity Name: LABRADOR RETRIEVER RESCUE OF FLORIDA, INC.

Current Principal Place of Business:

9416 LAKBUNTING DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

C/O HOROWITZ & KNOCH CPAS, PA
481 E HILLSBORO BLVD, #100A
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 59-3666964 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GORNT0, HARRY
46 ROCKLEDGE AVE.
ROCKLEDGE, FL 32955 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: TD () Delete
Name: STINE, CHERYL
Address: 7111 COVE PLACE
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: GORNT0, HARRY
Address: 46 ROCKLEDGE AVE.
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: AMUNDRUD, LISE
Address: 5547 RIVERTON RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD () Delete
Name: CARLTON, JACKIE
Address: PO BOX 260366
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: KESTON, DANIELLE
Address: 4804 BEACH PARK DR
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: BERNERT, KIM
Address: 620 SE 6 AVE
City-St-Zip: POMPANO BEACH, FL 33060

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: D (X) Change () Addition
Name: BUCHANAN, CINDY
Address: 1332 MONTO LANE
City-St-Zip: WINTER PARK, FL 32792

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

Title: D (X) Change () Addition
Name: HIGGS, SANDI
Address: 143 DEEP WOODS WAY
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL STINE

TD

04/14/2006

Electronic Signature of Signing Officer or Director

Date