

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90021 011 ****70.00

DOCUMENT # N03000004223
1. Entity Name
ORLANDO DEVIL DOGS YOUNG MARINES INC.



Principal Place of Business Mailing Address
12555 BOHANNON BLVD ORLANDO FL 32824 **12555 BOHANNON BLVD ORLANDO FL 32824**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5851 Camellia Dr **5851 Camellia Dr**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando Florida **Orlando, Florida**
Zip Country Zip Country
32807 **ORANGE** **32807** **ORANGE**


1st MOORE CR2E037 (10/07)
4. FEI Number **80-0057157** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOOTH, RICHARD E
1755 SWEETWATER WEST CIRCLE
APOPKA FL 32712-2481

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW! FEE IS \$61.25
Due By May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEHAAS, CHARLES	
STREET ADDRESS	10480 WATER HYACINTH DR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIONET, JOHN	
STREET ADDRESS	12555 BOHANNON BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVIN, ALVIN	
STREET ADDRESS	3216 COLORADO AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, RICHARD E	
STREET ADDRESS	1755 SWEETWATER WEST CIRCLE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gionet John	
STREET ADDRESS	5851 CAMELLIA DR	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard E Booth Richard E Booth MARCH 17 2008 407-884-9568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year) Contact Phone #