


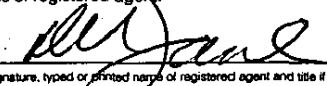
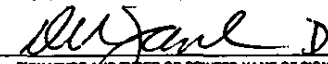
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 048 ****61.25

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DOCUMENT # N04000001156			
1. Entity Name CITRUS CAPITAL PEKINGESE CLUB OF CENTRAL FLORIDA INC.		Mailing Address 17901 LEM TURNER ROAD JACKSONVILLE, FL 32218	
Principal Place of Business 17901 LEM TURNER ROAD JACKSONVILLE, FL 32218		Mailing Address 17901 LEM TURNER ROAD JACKSONVILLE, FL 32218	
2. Principal Place of Business 2715 Wiregrass Rd Suite, Apt. #, etc.		3. Mailing Address 2715 Wiregrass Rd Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33803		Zip 33803	
Country USA		Country USA	
4. FEI Number 593628442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, ALAN 17901 LEM TURNER ROAD JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name Debra Faulkner Street Address (P.O. Box Number is Not Acceptable) 2715 Wiregrass Rd City Lakeland FL Zip Code 33810	
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  Treasurer/DIRECTOR		DATE 3-24-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME FAULKNER, DEBRA STREET ADDRESS 17901 LEM TURNER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE TD NAME FAULKNER, DEBRA STREET ADDRESS 2715 WIREGRASS RD CITY-ST-ZIP Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME TUCKER, JANET STREET ADDRESS 17901 LEM TURNER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE VD NAME TUCKER, Janet STREET ADDRESS 9295 127th Dr. CITY-ST-ZIP LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HARPER, ALAN STREET ADDRESS 17901 LEM TURNER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE D NAME DAVID RENIHAN STREET ADDRESS 1610 FLAGLER BLVD CITY-ST-ZIP LAKE PARK, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME FAULKNER, BRADY STREET ADDRESS 17901 LEM TURNER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE SD NAME FAULKNER, Brady STREET ADDRESS 2715 WIREGRASS ROAD CITY-ST-ZIP Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME VONPOHLMAN, ZELL STREET ADDRESS 17901 LEM TURNER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete	TITLE D NAME Susan shephard STREET ADDRESS 939 Feather Drive CITY-ST-ZIP Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME RENIHAN, T. DIANE STREET ADDRESS 17901 LEM TURNER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE PD NAME RENIHAN, T. DIANE STREET ADDRESS 1610 FLAGLER BLVD CITY-ST-ZIP LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Debra Faulkner		DATE 3-24-05 8632212003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	