2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04095

FILED Mar 02, 2004 Secretary of State

Entity Name: DOG OBEDIENCE CLUBS OF FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	S ROAD FL 32712512	7		
Current Mailing Address:		New Mailing Address:		
	S ROAD FL 32712512	7		
El Number	: 59-3001594	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()
ame and	d Address of (Current Registered Agent:	Name and Addr	ess of New Registered Agent:
	SUSAN S ROAD FL 32712512	7		
	e named entity e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or bo
the Stat	e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or bo
the Stat	e of Florida. RE:	submits this statement for the		stered office or registered agent, or bo Date
the Stat	e of Florida. RE:	nic Signature of Registered Ac	gent	
the Stat IGNATU FFICER tle: ame: Idress:	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Actornalists TORS:) Delete IANCY ALE STREET	gent	Date
the Stat	e of Florida. RE: Electron S AND DIRECT PD (GROTHEER, N 4281 CRESTD PALM BEACH	nic Signature of Registered Age CTORS:) Delete JANCY ALE STREET GARDENS, FL) Delete AGGIE SWAMP ROAD	gent ADDITIONS/CH Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECT
the State GNATU FFICER Ide: Ide: Idress: Idy-St-Zip: Ide: Idress: Idress:	e of Florida. RE: Electron S AND DIRECT PD (GROTHEER, N 4281 CRESTD PALM BEACH VD (ESLINGER, M 6971 GREEN S CLERMONT, F	nic Signature of Registered Age CTORS:) Delete IANCY ALE STREET GARDENS, FL) Delete AGGIE SWAMP ROAD EL 34711) Delete	ADDITIONS/CH. Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date ANGES TO OFFICERS AND DIRECT () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN HANDY T 03/02/2004