

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90149 001 ****61.25

DOCUMENT # N05000002782

1. Entity Name
SKYWAY BORDER COLLIE RESCUE, INC.



Principal Place of Business
**2390 67TH AVENUE SOUTH
ST. PETERSBURG, FL 33712**

Mailing Address
**2390 67TH AVENUE SOUTH
ST. PETERSBURG, FL 33712**

2. Principal Place of Business
9121 36 Ave E
Suite, Apt. #, etc.

3. Mailing Address
9121 36 Ave E
Suite, Apt. #, etc.



03072006 Chg-NP CR2E037 (11/05)

City & State
Palmetto FL 34221
Zip
34221 Country
USA

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Palmetto FL 34221
Zip
34221 Country
USA

4. FEI Number
20-2611424 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HORAN, AMBER
2390 67TH AVENUE SOUTH
ST. PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9121 36 Ave E
City **Palmetto** **FL** Zip Code **34221**

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 *Amber E Horan* **Amber E Horan President 3/7/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	D HORAN, AMBER 2390 67TH AVENUE SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORAN, MARCIA 2390 67TH AVENUE SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNDINGER, SARAH 520 MERCERS FERNERY RD DELAND, FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9121 36 Ave E Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9121 36 Ave E Palmetto, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Amber E Horan* **Amber E Horan 3/7/06 871-2817**
(727)