


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000005158	
1. Entity Name GRR'S GREYHOUND RESCUE, INC	

Principal Place of Business 342 OLDE POST RD NICEVILLE, FL 32578	Mailing Address 342 OLDE POST RD NICEVILLE, FL 32578
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1930348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOGAN'S TACS 220 GOVERNMENT #8 NICEVILLE, FL 32578
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARTINGER, JAMES V JR 342 OLDE POST RD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARTINGER, ELLEN M 342 OLDE POST RD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTINGER, MILDRED 1461 SMOOCHES CIR COLORADO SPRINGS, CO 80909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/07-80053-004 61.25

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IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/21/07 (850) 897-4590
Date Daytime Phone #