

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
14-1930348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000779965
01/14/08-80003-011 61.25

**DO NOT WRITE
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

Date

Daytime Phone #

7 JAN 08 (850) 897-4590