
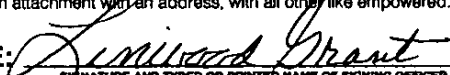


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90018 004 \*\*\*\*61.25

<b>DOCUMENT # N05000005917</b>					
1. Entity Name PANHANDLE GERMAN SHORTHAIRED POINTER CLUB, INC.					
Principal Place of Business 5125 HIGH BRIDGE RD QUINCY, FL 32351			Mailing Address 8626 BRISTOLWOOD CIRCLE NAVARRE, FL 32566		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-3001261	
				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			7. Name and Address of New Registered Agent		
EUSTACE, JAMES A 8626 BRISTOLWOOD CIRCLE NAVARRE, FL 32566			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 September 12, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOUFF, TODD		NAME	Eustace, James	
STREET ADDRESS	5125 HIGH BRIDGE RD		STREET ADDRESS	8626 Bristolwood Circle	
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP	Navarre, FL 32566	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, MARISSA		NAME	Witt, Jeff	
STREET ADDRESS	2240 RR1		STREET ADDRESS	1034 Troon Dr E.	
CITY-ST-ZIP	MADISON, FL		CITY-ST-ZIP	Niceville, FL 32578	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EELLS, VIVKI		NAME	Knouff, Todd	
STREET ADDRESS	1003 RIDGEWOOD COVE S		STREET ADDRESS	PO Box 122	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Midway, FL 32343	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUSTACE, JIM		NAME	Grant, Linwood	
STREET ADDRESS	8383 VANDIVERE DR		STREET ADDRESS	1297 Calcutta Drive	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMODY, MIKE		NAME	Phillips, Vern	
STREET ADDRESS	3023 RIVER RD		STREET ADDRESS	1353 Connemara Circle	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRHAN, ED		NAME	Leonard, Bud	
STREET ADDRESS	PO BOX 412		STREET ADDRESS	1502 SE Rogers Sink Rd	
CITY-ST-ZIP	FOUNTAIN, FL 32438		CITY-ST-ZIP	Madison, FL 32340	
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: 			5/12/08		850-934-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
LINWOOD GRANT					