


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N05000007433


1. Entity Name
MID FLORIDA DOG CLUB INC.



Principal Place of Business
**1511 CLARENDON STREET
 LAKE PLACID, FL 33852**

Mailing Address
**1511 CLARENDON STREET
 LAKE PLACID, FL 33852**

DO NOT WRITE IN THIS SPACE



02162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-2086263	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

**GEIGER, FRANCIS
 1511 CLARENDON STREET
 LAKE PLACID, FL 33852**

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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, 2008**

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	P GEIGER, FRANCIS 1511 CLARENDON STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UMBERTO-WELLS, BETTY 11067 117 LANE N LARGO, FL 34648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEA-HANSON, JOYCE 945 SOUTH 1500 EAST CLEARFIELD, UT 84015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, DON 11067 117 LANE N SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYEB, LORRAINE 1295 W 300 N CLEARFIELD, UT 84015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSCH, RACHAEL 6222 LAUREL CREEK TRAIL ELLENTON, FL 34222

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 05/01/08-80009-024 61.25

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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: *Francis A. Geiger* **April 1, 2008** **(863) 531-0233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #