2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-24-2008 90099 009 ****61.25

N07000001647

FILED

08 JUN 17 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E037 (10/07)

DOCUMENT # N07000001647

1. Entity Name

HIGHWAY SCHUTZHUND CLUB, INC.

Principal Place of Business	Mailing Address
385 WEST HWY 318 CITRA FL 32113	385 WEST HWY 318 CITRA FL 32113

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0624180 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHEL, RENEE
385 WEST HWY 318
CITRA FL 32113

7. Name and Address of New Registered Agent

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: Renee Michel Apr 1, 08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TYLER, HELEN		NAME		
STREET ADDRESS	385 WEST HWY 318		STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEBARD, CAROLINE		NAME		
STREET ADDRESS	385 WEST HWY 318		STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NABER, ANNA		NAME		
STREET ADDRESS	385 WEST HWY 318		STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MICHEL, RENEE		NAME		
STREET ADDRESS	385 WEST HWY 318		STREET ADDRESS		
CITY-ST-ZIP	CITRA FL 32113		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Renee Michel

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

KS