

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010563

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** GERMAN SHEPHERD RESUCE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

707 ROBIN LANE WILDWOOD  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

707 ROBIN LANE WILDWOOD  
WILDWOOD, FL 34785

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STAES CORPORATION AGENTS, INC.  
1111 LINCOLN RD STE 400  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

ALYSIA BREHMER  
3539 SAILFISH AVE  
FRUITLAND PARK, FL 34731 US

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.

SIGNATURE: ALYSIA BREHMER

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GUARDADO, JOE J  
Address: 707 ROBIN LANE WILDWOOD  
City-St-Zip: WILDWOOD, FL 34785

Title: DS ( ) Delete  
Name: PARNELL, CINDY  
Address: 11366 BRAIN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: DT ( ) Delete  
Name: BREHMER, ALYSIA  
Address: 3539 SAILFISH  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALYSIA BREHMER

DT

04/30/2008

Electronic Signature of Signing Officer or Director

Date