

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90040 042 \*\*\*\*61.25

<b>DOCUMENT # N25412</b> 1. Entity Name <b>PEACE RIVER DOG FANCIERS, INC.</b>					
Principal Place of Business P.O. BOX 510060 PUNTA GORDA, FL 33951 US			Mailing Address P.O. BOX 510060 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0388553</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARIENS, KATHERINE</b> <b>619 MADRID BLVD.</b> <b>PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <b>5464 SEA EDGE DR</b> City <b>PUNTA GORDA</b> <b>FL</b> Zip Code <b>33950</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARIENS, KATHERINE</b> <input type="checkbox"/> Delete <b>5464 SEA EDGE DR</b> <b>PUNTA GORDA, FL 33950</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HAYES, SUSAN</b> <b>21040 PEACHLAND BLVD</b> <b>PORT CHARLOTTE, FL 33954</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>MORRISON, SUE ANN</b> <b>3431 LAKEVIEW BLVD</b> <b>PORT CHARLOTTE, FL 339487743</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LAUBER, FRANK D</b> <b>147 SHADY PINE LANE</b> <b>NOKOMIS, FL 34275</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>MORRIS, DOROTHY</b> <b>21300 WASHBURN AVE.</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LOPAREV, IRINA</b> <b>23110 DIANE AVENUE</b> <b>PORT CHARLOTTE, FL 33954</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>SHAPPELL, ROBERT</b> <b>1077 RHINELANDER ST</b> <b>PORT CHARLOTTE, FL 33953</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LAMONT, CATHERINE</b> <b>7691 HART DRIVE</b> <b>N. FORT MYERS, FL 33917</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>LOPARE, IRINA V</b> <b>23110 DIANE AVE</b> <b>PORT CHARLOTTE, FL 33954</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TOMLINSON, DENISE</b> <b>7145 SW FUGATE ST</b> <b>FORT OGDEN, FL 34267</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, JEAN</b> <b>4980 NW HICKORY ST</b> <b>ARCADIA, FL 34266</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Katherine Arians</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2-10-06</i> Daytime Phone <i>941-639-054</i>		

**40014033**



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