

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90037 046 ****61.25

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

DOCUMENT # N25412			
1. Entity Name PEACE RIVER DOG FANCIERS, INC.			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0388553		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, SUE ANN 3431 LAKEVIEW BLVD PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name JEANNE SPICA Street Address (P.O. Box Number is Not Acceptable) 1354 YORKSHIRE STREET City PORT CHARLOTTE FL Zip Code 33952	
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 JEANNE SPICA, Treasurer/Director <i>Jeanne Spica</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4/2/08	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, SARAH 422 GLENGARY CIRCLE PUNTA GORDA, FL 33983 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ALFRED J. TAYLOR 3618 BONAIRE COURT PUNTA GORDA, FL 33950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, SUE ANN 3431 LAKEVIEW BLVD. PORT CHARLOTTE, FL 33948 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BOB ABECASIS 574 MACEDONIA DRIVE PUNTA GORDA, FL 33950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROBERT 2733 STARLITE LANE PORT CHARLOTTE, FL 33952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JEANNE SPICA 1345 YORKSHIRE STREET PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, DOROTHY 21300 WASHBURN AVENUE PORT CHARLOTTE, FL 33952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MAY FRAME-INMAN 27044 PARTIN DRIVE HARBOUR HEIGHTS, FL 33983 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANTALL, ANNE 160 CROOP LANE SE PORT CHARLOTTE, FL 33952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERICA KASPER 9210 GEWANT BOULEVARD PUNTA GORDA, FL 33982 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, BARBARA 16571 CAPE HORN BLVD. PUNTA GORDA, FL 33955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNIFER PINGLETON 542 LAUREL AVENUE NW PORT CHARLOTTE, FL 33952 ☐ Change ☒ 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.			
SIGNATURE: ALFRED J. TAYLOR, P/D <i>Alfred J. Taylor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/2/08 (941) 637-4922 Daytime Phone #	