


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

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N29008 1. Entity Name DUGOUT NO. 271, SECTOR OF FLORIDA, NATIONAL ORDER OF TRENCH RATS, INCORPORATED					
Principal Place of Business C/O CHARLES HEINEY 5749 WINDERMERE TRACE PACE FL 32571 US				Mailing Address C/O CHARLES HEINEY 5749 WINDERMERE TRACE PACE FL 32571 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 59-2948993 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEINEY, CHARLES 5749 WINDERMERE TRACE PACE FL 32571				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 _____ <small>Signature, typed or printed name of registered agent (not applicable). (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD	<input type="checkbox"/> Delete	TITLE	000000827198 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/21/08-80080-019 70.00	
NAME	KYSER, LARRY O.		NAME		
STREET ADDRESS	7115 PRINCESS LANE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, CARL H SR.		NAME		
STREET ADDRESS	6911 OLSEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, HARMON S		NAME		
STREET ADDRESS	5132 MULDOON STREET		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANCE, GEORGE W		NAME		
STREET ADDRESS	121 SPRINGWOOD CIR.		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		CITY-ST-ZIP		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAN, GLENNIS C		NAME		
STREET ADDRESS	2903 LONGLEAF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEINEY, CHARLES E		NAME		
STREET ADDRESS	5749 WINDERMERE TRACE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		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: *Charles E Heiney*