

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90027 045 \*\*\*\*70.00

40003606



<b>DOCUMENT # N36567</b>			
1. Entity Name GERMAN SHEPHERD DOG CLUB OF DAYTONA, INC.			
Principal Place of Business 204 BRITTANY AVE PORT ORANGE, FL 32127 US		Mailing Address PO BOX 214948 PORT ORANGE, FL 32127 US	
2. Principal Place of Business SAME		3. Mailing Address P.O. Box 1677 New Smyrna Beach, FL 32170	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME		City & State New Smyrna Beach, FL 32170	
Zip SAME		Country USA	
Country		Country	
32170		USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JODICE, JEANNIE 304 BRIGHTON DR. PALM COAST, FL 32137		Name JEANNIE JODICE Street Address (P.O. Box Number is Not Acceptable) 204 BRITTANY AVE. PORT ORANGE, FL 32127	
		City PORT ORANGE, FL	
		Zip Code 32127	
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 JEANNIE JODICE, PRESIDENT		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD JODICE, JEANNIE 204 BRITTANY AVE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCFARLAND, ROBERT 1136 GREEN BRIAN AVE. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMO, ROBIN 204 BRITTANY AVE BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HARRIS, HOLLY 6500 BAYWOOD AVE. PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRES. SEC. PELBY PUMP 2611 SILVER PALM DR. EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS WISNIEWSKI, SUE 60 CAROL DR. ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC. SEC. TINA FRENCH 1136 GREENBRIAR AVE. PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUMP, PEGGY 2611 SILVER PALM DR. EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 		Date: 1-16-05 Daytime Phone: 321-689-6287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	