

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000805

FILED
Mar 09, 2005
Secretary of State

Entity Name: FLORIDA DOBERMAN RESCUE, INC.

Current Principal Place of Business:

1451 TAMA RAN PLACE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

1451 TAMA RAN PLACE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

1093 A1A BEACH BLVD
#343
ST AUGUSTINE, FL 32080 US

New Mailing Address:

1451 TAMA RAN PLACE
JACKSONVILLE, FL 32259 US

FEI Number: 59-3492619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESNUT, PAIGE
1093 A1A BEACH BLVD.
#343
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BARNES, JANE
1451 TAMA RAN PLACE
JACKSONVILLE, FL 32259 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: JANE BARNES

03/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: BARNES, RANDY
Address: 1451 TAMA RAN PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD () Delete
Name: BARNES, JANE
Address: 1451 TAMA RAN PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: CHESNUT, PAIGE
Address: 1093 A1A BEACH BLVD. #343
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BAMBER, BEVERLY
Address: BOX 620
City-St-Zip: NEWBERRY, FL 32669

Title: PTD (X) Change () Addition
Name: BARNES, JANE
Address: 1451 TAMA RAN PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD (X) Change () Addition
Name: BARR, DEBORAH
Address: 506 RIDGEWOOD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Change (X) Addition
Name: MARELL, KAREN
Address: 199 OSCEOLA CT.
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANE BARNES

PRES

03/09/2005

Electronic Signature of Signing Officer or Director

Date