

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000805

FILED
May 26, 2006
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:

Current Mailing Address:

1451 TAMA RAN PLACE
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 59-3492619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

Electronic Signature of Signing Officer or Director

PRES

05/26/2006

Date