

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90364 050 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
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| <b>DOCUMENT # N99000005095</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>1. Entity Name</b><br>PALM HARBOR II LIONS CLUB, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>Principal Place of Business</b><br>2790 SUNSET POINT RD.<br>CLEARWATER, FL 33759                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                                                                           | <b>Mailing Address</b><br>PALM HARBOR LION CLUB INC<br>P.O. BOX 375<br>PALM HARBOR, FL 34682 |                                                                                                                                                                             |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | <b>3. Mailing Address</b>                                                                 |                                                                                              |                                                                                                                                                                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | Suite, Apt. #, etc.                                                                       |                                                                                              |                                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | City & State                                                                              |                                                                                              | <b>4. FEI Number</b><br>59-3612539                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            | Country                                                                                   |                                                                                              | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                      |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HAIR, STEVEN W ESQ.<br>2790 SUNSET POINT RD.<br>CLEARWATER, FL 33759                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |                                                                                           |                                                                                              | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> |                                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                          |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1PP<br>CONSOLINO, JOHN<br>186 ARBOR DR. E.<br>PALM HARBOR, FL 34683                        | <input checked="" type="checkbox"/> Delete                                                |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IPP<br>GLORIA, BOYAN<br>1036 DARTFORD DR<br>TARPON SPRINGS, FL 34689                       | <input checked="" type="checkbox"/> Delete                                                |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1V<br>DOMINICK, MICHAEL<br>1051 DARTFORD DR<br>TARPON SPRINGS, FL 34689                    | <input checked="" type="checkbox"/> Delete                                                |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>LYNCH, JAMES<br>1257 TAYLOR AVE<br>DUNEDIN, FL 34698                                  | <input checked="" type="checkbox"/> Delete                                                |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>SPEED, DAVID<br>2473 INDIAN TRAILS WEST<br>PALM HARBOR, FL 34683                      | <input checked="" type="checkbox"/> Delete                                                |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2V<br>REGENAUER, JOAN<br>7819 ADELAIDE LOOP<br>NEWPORT RICHEY, FL 34655                    | <input checked="" type="checkbox"/> Delete                                                |                                                                                              |                                                                                                                                                                             |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | President<br>Glenn Hooker<br>1715 MacDonnell Dr<br>Palm Harbor FL 34684                    |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | First Vice President<br>John Consolino<br>286 Arbor Dr E<br>Palm Harbor FL 34683           |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Second Vice President<br>Richard T Kearns<br>795 County Rte 1, #14<br>Palm Harbor FL 34683 |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Secretary<br>Greg Alvord<br>1001 Cardigan Lane<br>Palm Harbor FL 34683                     |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Treasurer<br>Carl G Davis<br>1659 El Fair Trail<br>Clearwater FL 33765                     |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>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.</b> |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |
| <b>SIGNATURE:</b> <i>Carl G. Davis</i> <i>Carl G. Davis</i> <i>4-22-08</i> <i>127-125-9959</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                           |                                                                                              |                                                                                                                                                                             |  |