


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90033 031 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N99000005412</b>  |  |  |  |  |  |
| <b>1. Entity Name</b><br>SUNSHINE TERRIER CLUB, INC.  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654  |  |  | <b>Mailing Address</b><br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654 |   |  |
| <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   |  |   |  |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>59-2977022  |  |
| <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>  |  |  | <b>7. Name and Address of New Registered Agent</b>                         |   |  |
| PASKO JR, WALTER V<br>11325 BLACKWOOD DR<br>NEW PORT RICHEY, FL 34654   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City         |   |  |
| FL  |  |  | 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>  |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |  |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/>               |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | PD<br>PASKO, JUNE E<br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654              | <input type="checkbox"/> Delete  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | VD<br>BARNETT, KEVIN<br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654             | <input type="checkbox"/> Delete  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | S<br>BARNETT, CHARLOTTE<br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654          | <input type="checkbox"/> Delete  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | TD<br>PASKO, WALTER V JR.<br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654        | <input type="checkbox"/> Delete  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | VICE PRESIDENT<br>HILLING, RONALD<br>11325 BLACKWOOD DR<br>NEW PORT RICHEY, FL 34654 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | SECRETARY<br>SCHULTHEIS, KIM<br>11325 BLACKWOOD DR.<br>NEW PORT RICHEY, FL 34654     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | Change <input type="checkbox"/> Addition   | Change <input type="checkbox"/> Addition                                     |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | Change <input type="checkbox"/> Addition   | 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>Walter V. Pasko Jr</i>   |  | WALTER V. PASKO JR   |  | 1 FEB 07 727-856-6219   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date   |  | Daytime Phone #   |  |