


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90125 037 ***150.00

DOCUMENT # P07000038221					
1. Entity Name CANINE COUNTRY CLUB, INC.					
Principal Place of Business 4205 AVIAN AVE FORT MYERS, FL 33916			Mailing Address 4205 AVIAN AVE FORT MYERS, FL 33916		
2. Principal Place of Business - No P.O. Box # 10970 S. CLEVELAND AVE		3. Mailing Address 10970 S. CLEVELAND AVE			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State FT MYERS FL		City & State Ft Myers FL		4. FEI Number 20-5459791	
Zip 33907		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORBIN, BRENDA R <input type="checkbox"/> Delete 4205 AVIAN AVE FORT MYERS, FL 33916		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, PHILLIP J <input type="checkbox"/> Delete 4205 AVIAN AVE FORT MYERS, FL 33916		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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 607, 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: <u>Phillip J. Perry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/20/08 2399313647 Date Daytime Phone #		

Phillip J. PERRY