

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 028 ***550.00

DOCUMENT # 159903

1. Entity Name
ST. PETERSBURG KENNEL CLUB, INC.



Principal Place of Business
**10490 GANDY BLVD
ST PETERSBURG FLA, 33702**

Mailing Address
**P.O. BOX 22099
ST. PETERSBURG, FL 33742-2099 US**

54054513



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-0433065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEAVER, A.V. JR.
10490 GANDY BLVD
ST PETERSBURG, FL 33702**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **VD** ☐ Delete
NAME: **WEAVER, VEY O.**
STREET ADDRESS: **10490 GANDY BLVD**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33702**

TITLE: **D** ☐ Delete
NAME: **PIPER, HARRY M**
STREET ADDRESS: **1833 BRIGHTWATERS BLVD**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33702**

TITLE: **AST** ☐ Delete
NAME: **CUTTING, LEAH R**
STREET ADDRESS: **10490 GANDY BLVD.**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33702**

TITLE: **VD** ☐ Delete
NAME: **WINNING, RICHARD**
STREET ADDRESS: **10490 GANDY BLVD**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33702**

TITLE: **ST** ☐ Delete
NAME: **HLAS, STEPHEN P.**
STREET ADDRESS: **10490 GANDY BLVD**
CITY-ST-ZIP: **ST PETERSBURG, FL 33702**

TITLE: **D** ☐ Delete
NAME: **WINNING, MARY M**
STREET ADDRESS: **1261 BRIGHTWATERS BLVD**
CITY-ST-ZIP: **ST. PETERSBURG, FL 33702**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** ☒ Change ☐ Addition
NAME: **PD**
STREET ADDRESS: **PD**
CITY-ST-ZIP: **PD**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Frances Weaver Nohren**
STREET ADDRESS: **7947 9th Ave So.**
CITY-ST-ZIP: **St. Petersburg, FL 33707**

TITLE: **D** ☐ Change ☒ Addition
NAME: **A.v. Weaver, Jr.**
STREET ADDRESS: **738 Pinellas Bayway**
CITY-ST-ZIP: **Tierra Verde, FL 33715**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Ann Loughridge Kerr**
STREET ADDRESS: **2817 Hawthorne Rd**
CITY-ST-ZIP: **Tampa, FL 33611**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leah R. Cutting **Leah R. Cutting**

Date

8/10/04

Daytime Phone #

727-812-3236