

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 002 \*\*\*150.00

|                                                    |  |                                                                                   |
|----------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 159903</b>                           |  |  |
| 1. Entity Name<br>ST. PETERSBURG KENNEL CLUB, INC. |  |                                                                                   |

|                                                                            |                                                                       |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>10490 GANDY BLVD<br>ST PETERSBURG, FL 33702 | Mailing Address<br>P.O. BOX 22099<br>ST. PETERSBURG, FL 33742-2099 US |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 01032007 Chg-P CR2E034 (12/06)                                                           |                               |
| 4. FEI Number<br>59-0433065                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                                                                                       |  |                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>STEPHEN P. HLAS<br>10490 GANDY BLVD<br>ST PETERSBURG, FL 33702 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|

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| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                               | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WEAVER, VEY O.<br>10490 GANDY BLVD<br>ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Asst VP & Director<br>weaver, Frances Louise<br>10490 Gandy Blvd.<br>St. Petersburg, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PIPER, HARRY M<br>100 BEACH DRIVE NE #602<br>ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Director<br>Tiano, Peter<br>13 East 62nd St.<br>Sea Isle City, NJ 08243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AST<br>CUTTING, LEAH R<br>10490 GANDY BLVD.<br>ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Director<br>Kerr, Ann L.<br>2817 Hawthorne Rd.<br>Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WINNING, RICHARD<br>10490 GANDY BLVD<br>ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>HLAS, STEPHEN P.<br>10490 GANDY BLVD<br>ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WINNING, MARY M<br>1261 BRIGHTWATERS BLVD<br>ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |

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| 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>Leah R. Cutting</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date: <u>2/25/07</u> Daytime Phone #: <u>727-812 3236</u> |