


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 181958
1. Entity Name
**WASHINGTON COUNTY KENNEL CLUB,
INCORPORATED**



Principal Place of Business Mailing Address
**6558 DOG TRACK RD
EBRO, FL 32437 US** **6558 DOG TRACK RD
EBRO, FL 32437 US**

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0749464 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**HESS, STOCKON R
6512 DOG TRACK RD
EBRO, FL 32437**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**000000115929
04/16/04-80044-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, STOCKON R 6512 DOG TRACK RD EBRO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L 6558 DOG TRACK RD EBRO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HATER, JOHN M. 11508 TRASK S. TAMPA, FL 33627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HATER, ROBERT E. II 1330 NEEB RD CINCINNATI, OH 45233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AUSTIN, PAULETTE 9531 ELECTRIC AVE THONOTOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HESS, MARGARET G 10102 WOODSONG WAY TAMPA, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/14/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #