2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # 592910** 1. Entity Namo COUNTRY CLUB KENNELS, INC. Principal Place of Business Mailing Address 13750 S.E. POWERLINE AVE. HOBE SOUND FL 33455 13750 S.E. POWERLINE AVE. HOBE SOUND FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1848204 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOTH, DANIEL 13750 SE POWERLINE AVE. Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND FL 33455 City 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 reinstalling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete IIILE Change VOLLUM, SANDRA K. NAMI NAME 13750 S.E. POWERLINE AVE 000000705506 STREET ADDRESS STREET ADDRESS HOBE SOUND FL CITY-ST-ZIP 04/23/07-80051-009 150.00 CITY-ST-7IP TITLE ☐ Change Addition ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIIŒ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST 7IP THTHE IIILE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal offect as if made under eath; 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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