


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 181958 1. Entity Name WASHINGTON COUNTY KENNEL CLUB, INCORPORATED	
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Principal Place of Business 6558 DOG TRACK RD EBRO, FL 32437 US	Mailing Address 6558 DOG TRACK RD EBRO, FL 32437 US
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0749464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HESS, STOCKON R 6512 DOG TRACK RD EBRO, FL 32437
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000552980 05/15/06-80033-008 150.00
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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 17315 LINDA VISTA CIR LUTZ, FL 33548
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 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:  **4/26/06 850-234-3943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #