2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 129006

Entity Name: JACKSONVILLE KENNEL CLUB INC

FILED Apr 24, 2007 Secretary of State

Entity Name: SACKSONVILLE KLININEL CLOB, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1440 N. MCDUFF AVE P.O. BOX 54249 JACKSONVILLE, FL 32245				1440 N. MCDUFF AVE JACKSONVILLE, FL 32254	
Current Mailing Address:			New Maili	New Mailing Address:	
1440 N. MCDUFF AVE P.O. BOX 54249 JACKSONVILLE, FL 32245				P.O. BOX 959 ORANGE PARK, FL 320670959	
FEI Number:	59-0306410	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
KORMAN, HOWARD I. 4490 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216 US			455 PARK	KORMAN, HOWARD I. 455 PARK AVENUE ORANGE PARK, FL 32073 US	
The above in the State		ibmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE:				04/24/2007	
Electronic Signature of Registered Agent				Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AS () [KUHN, W. ROBE 13210 PECKY C' JACKSONVILLE,	YPRESS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ATD ()E HOWELL, JOHN 351 11TH STREE ATLANTIC BEAC	ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () E BIDWILL, CHARL 22 REGENT WOO NORTHFIELD, IL	OD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () E KORMAN, HOWA 4490 SOUTHSID JACKSONVILLE,	E BLVD.	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition KORMAN, HOWARD I 455 PARK AVENUE ORANGE PARK, FL 32073	
Title: Name: Address: City-St-Zip:	D () E BURNETT, WILL 11760-A GLEN R POTOMAC, MD	OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DCS () [PATTON, MARY	Delete CARR	Title: Name:	DCS (X) Change () Addition PATTON MARY CARR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

455 PARK AVENUE

ORANGE PARK, FL 32073

SIGNATURE: W. ROBERT KUHN, JR. AS 04/24/2007

4490 SOUTHSIDE BLVD.

JACKSONVILLE, FL 32216

Address:

City-St-Zip: