


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90025 003 \*\*\*150.00

**DOCUMENT # 299176**  
 1. Entity Name  
**HOLLYWOOD KENNEL CLUB, INC.**



Principal Place of Business      Mailing Address  
**831 N FEDERAL HWY**      **831 N FEDERAL HWY**  
**HALLANDALE, FL 33009**      **HALLANDALE, FL 33009**

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2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01102005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**38-1435702**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**ADKINS, DANIEL K.**  
**831 N. FEDERAL HIGHWAY**  
**HALLANDALE, FL 33009**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ 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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTMAN, BERNARD L.	
STREET ADDRESS	831 N FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	TYNER, HERBERT	
STREET ADDRESS	831 N FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULLER, WALTER	
STREET ADDRESS	24800 N. WESTERN HWY	
CITY-ST-ZIP	SOUTHFIELD, MI	
TITLE	M	<input type="checkbox"/> Delete
NAME	ADKINS, DANIEL K	
STREET ADDRESS	831 N FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Ala	
STREET ADDRESS	3725 Lakewood Dr., Waterford, MI	
CITY-ST-ZIP	48329	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel K. Adkins	
STREET ADDRESS	831 N. Federal Hwy., Hallandale, FL	
CITY-ST-ZIP	33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 alternate like empowered.

SIGNATURE: \_\_\_\_\_      01/26/05      954 924-3127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Line Phone #