


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



04252006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>38-1435702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ADKINS, DANIEL K.**  
**831 N. FEDERAL HIGHWAY**  
**HALLANDALE, FL 33009**

**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 reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HARTMAN, BERNARD L. 831 N FEDERAL HWY HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV TYNER, HERBERT 831 N FEDERAL HWY HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALA, JULIE 3725 LAKEWOOD DR. WATERFORD, MI 48329
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADKINS, DANIEL K 831 N FEDERAL HWY HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000535885  
05/08/06-80070-019 150.00

**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**      **9549243200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #