

# 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  
831 N FEDERAL HWY  
HALLANDALE, FL 33009

Mailing Address  
831 N FEDERAL HWY  
HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FBI Number  
38-1435702

Applied For  
Not Applicable

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

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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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

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 PD  
NAME HARTMAN, BERNARD L.  
STREET ADDRESS 831 N FEDERAL HWY  
CITY-ST-ZIP HALLANDALE, FL

TITLE SDV  
NAME TYNER, HERBERT  
STREET ADDRESS 831 N FEDERAL HWY  
CITY-ST-ZIP HALLANDALE, FL

TITLE T  
NAME ALA, JULIE  
STREET ADDRESS 3725 LAKEWOOD DR.  
CITY-ST-ZIP WATERFORD, MI 48329

TITLE VP  
NAME ADKINS, DANIEL K  
STREET ADDRESS 831 N FEDERAL HWY  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000535885  
05/08/06-80070-019 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #