


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 384999			
1. City Name ROBINHOOD KENNELS, INC.		2. Mailing Address 5025 ROBINHOOD KENNELS ROAD TALLAHASSEE FL 32303	
3. Place of Business ROBINHOOD KENNELS ROAD TALLAHASSEE FL 32303		4. Mailing Address 5025 ROBINHOOD KENNELS ROAD TALLAHASSEE FL 32303	
5. State FL		City & State TALLAHASSEE FL	
Country USA		Country USA	
6. Name and Address of Current Registered Agent GRANT, LYN 5017 ROBINHOOD KENNELS ROAD TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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.			
9. Signature typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State		10. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P GRANT, LYN 5017 ROBINHOOD KENNELS ROAD TALLAHASSEE FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000396580 01/30/06-80014-014 150.00	
V GRIFFIN, JAY 6500 OLD BAINBRIDGE RD TALLAHASSEE FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D GRANT, PAUL D 5017 ROBINHOOD KENNELS ROAD TALLAHASSEE FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information located 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.

SIGNATURE: Lyn Grant - LYN Grant 1/20/06 850-562-0241