

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655760

FILED
Jan 31, 2005
Secretary of State

Entity Name: CONNELL KENNELS, INC.

Current Principal Place of Business:

2990 LAKE WOODWARD DR
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9505500
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 59-1949077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNELL, RODNEY H
2990 LAKE WOODWARD DR
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CONNELL, RODNEY
Address: 2990 LAKE WOODWARD DR
City-St-Zip: EUSTIS, FL 32726 US

Title: PD () Delete
Name: CONNELL, ARNELL G
Address: 2990 LAKE WOODWARD DR
City-St-Zip: EUSTIS, FL 32726 US

Title: VP () Delete
Name: CONNELL, MARK B
Address: 6 LEGACY BLVD
City-St-Zip: SAVANNAH, GA 31419 US

Title: VP () Delete
Name: STULTZ, MELINDA C
Address: 00935 CTY RD 466A
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STULTZ, MELINDA C
Address: 3130 BULKLEY PL
City-St-Zip: EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ARNELL G. CONNELL

P/D

01/31/2005

Electronic Signature of Signing Officer or Director

Date