

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000000039 (5)**

1. Corporation Name  
**WR'S KENNEL, INC.**



Principal Place of Business  
**10 LAUDERDALE RD  
CHELMSFORD MA 01824**

Mailing Address  
**10 LAUDERDALE RD  
CHELMSFORD MA 01824**

3. Date Incorporated or Qualified **12/29/1995** 3a. Date of Last Report  
4. FEI Number **04-3159602** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **27501 PELICAN RIDGE CIR.** 22  
Suite, Apt. #, etc.  
22  
City & State  
23 **BONITA SPRINGS FL**  
Zip Country  
24 **33923** 25 **USA**  
2a. Mailing Address  
26 **27501 PELICAN RIDGE CIR.** 27  
Suite, Apt. #, etc.  
27  
City & State  
28 **BONITA SPRINGS FL**  
Zip Country  
29 **33923** 30 **USA**

9. Name and Address of Current Registered Agent  
**WILCOX, JEFF  
120 ROYAL PALM RD  
UNIT 101  
HIALEAH GARDENS FL 33016**

10. Name and Address of New Registered Agent  
81 Name **WILLIAM F. ROSS SR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**27501 PELICAN RIDGE CIR.**  
83  
84 City **BONITA SPRINGS** FL 85 Zip Code **33923**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **WILLIAM F ROSS SR** **William F Ross Sr** **4/19/96**  
Signature typed or printed name of new registered agent (if different from 81) Date

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	ROSS, WILLIAM F	
STREET ADDRESS	10 LAUDERDALE RD	
CITY - ST - ZIP	CHELMSFORD MA 01824	
TITLE	VCTD	<input type="checkbox"/> DELETE
NAME	ROSS, JEANNE M	
STREET ADDRESS	10 LAUDERDALE RD	
CITY - ST - ZIP	CHELMSFORD MA 01824	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROSS SR, WILLIAM F	
1.3 STREET ADDRESS	27501 PELICAN RIDGE CIR.	
1.4 CITY - ST - ZIP	BONITA SPRINGS FL 33923	
2.1 TITLE	VCTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSS JR, WILLIAM F	
2.3 STREET ADDRESS	27501 PELICAN RIDGE CIR.	
2.4 CITY - ST - ZIP	BONITA SPRINGS FL 33923	
3.1 TITLE	SCTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSS, JEANNE M	
3.3 STREET ADDRESS	27501 PELICAN RIDGE CIR.	
3.4 CITY - ST - ZIP	BONITA SPRINGS FL 33923	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William F Ross Sr** **WILLIAM F ROSS SR** **4/19/96** **944-495-3225**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)