

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000001493

1. Entity Name
STONECRAIG KENNELS, INC.



Principal Place of Business
40 TOWN FARM RD
WOODSTOCK, CT 06281 US

Mailing Address
40 TOWN FARM RD
WOODSTOCK, CT 06281 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2316859

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLPE, HARRY
3521 NE 23RD AVE.
LIGHTHOUSE POINT, FL 33064

**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 _____

Signature typed or printed name of registered agent and title 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

000000392057
01/11/06-80081-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------|
| TITLE | P |
| NAME | STONE, JAMES E |
| STREET ADDRESS | 40 TOWN FARM RD |
| CITY - ST - ZIP | WOODSTOCK, CT 06281 |
| TITLE | ST |
| NAME | CRAIG, ROBERT |
| STREET ADDRESS | 40 TOWN FARM RD |
| CITY - ST - ZIP | WOODSTOCK, CT 06281 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**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: Robert Craig Robert Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06 860-974-2012
Date Daytime Phone #