## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 08:00 A Secretary of State

ANNUAL REPORT				Secretary of S	
1. Entity Nar	IMENT # H10622 R KENNELS, INC.			·	·
Principal Plac	ce of Business	Mailing Address	· <del>}_</del>		
507 E. JOHN NICEVILLE, I	I SIMS PKWY.	507 E. JOHN SIMS PKWY. NICEVILLE, FL 32578			
MICEVILEE, 1	TL 32376	MICEVILLE, FL 32370		( 1984an San Hen Belle Sille Hen Bleet Her Belle Sille	
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DO NOT WRITE IN THIS SPACE			^r:	01192005 No Chg-P CR2E	(10/03)
			<b>UE</b>	4. FEI Number	
				5. Certificate of Status Desired	\$8.75 Additional
Name and Address of Current Registered Agent				Certificate of status Desired	Fee Required
BROWN VERA WALKER 1402 29TH STREET			DO NOT WRITE		
507 EAST JOHN SIMS PARKWAY NICEVILLE, FL 32578			IN THIS SPACE		
NICEVILL	E, FL 325/8			IN THIS STACE	-
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 tide if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			ncing \$5.	00 May Be d to Fees	
10.	OFFICERS AND DIF	RECTORS	1	<del></del>	
TITLE NAME	BROWN VERA WALKER		ł		}
STREET ADDRESS	507 EAST JOHN SIMS PARKWAY		U00000327711 04/25/05-80048-018 150.00		
CITY-ST-ZIP	NICEVILLE, FL 32578		1	04/25/05-80048	3-018 150.00
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STREET ADDRESS CITY - ST - ZIP			ļ		
THE		<del></del>	1		}
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STREET ADDRESS . City St-ZIP			1	DO NOT WRIT	E
TITLE	<del></del>		1	IN THIS SPACE	=
NAME Street address			ł	in this si Asi	
CITY-ST-ZIP			ĺ		
INTLE			1		}
STREET ADDRESS					}
C(TY-ST-ZIP	 		}		}
TITLE NAME			}	•	Ì
STREET ADDRESS			}		
CITY-S1-ZIP	portify that the intermetic according to the	diling de an pet a self. Com		No. 442 OFFICE PLANTS PROBLEM STATES	
12. Thereby certify that the information supplied with this filling does not qualify 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 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: LENG 5 - 6121 H-22-05 850-678-6121					
SIGNATURE AND TYPED DIS PRINTE NAME OF SIGNING OFFICER OR DIRECTOR					