

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H38285**

1. Entity Name  
**SANDY LANE KENNELS, INC.**



Principal Place of Business  
**5830 HAGERMAN RD.  
ROUTE 16, BOX 34A  
SARASOTA, FL 34232**

Mailing Address  
**5830 HAGERMAN RD.  
ROUTE 16, BOX 34A  
SARASOTA, FL 34232**

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



05302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2496477**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WESSELS, THOMAS M.  
5830 HAGERMAN RD.  
SARASOTA, FL 34232**

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	WESSELS, THOMAS M.
STREET ADDRESS	5830 HAGERMAN RD.
CITY - ST - ZIP	SARASOTA, FL
TITLE	PS
NAME	WESSELS, T. RUTH
STREET ADDRESS	5830 HAGERMAN RD.
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/28/08-80006-002 150.00

**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:

*Thomas M. Wessels*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/08

Date

941-371-2223

Daytime Phone #