2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # K99127

1. Entity Name
CAPABAL KENNEL, INC.

Principal Place of Business
7961 12TH STREET NORTH
SAINT PETERSBURG, FL 33702

Mailing Address
% PAUL CAPLE
3720 QUAIL FOREST DR.
TARPON SPRINGS, FL 34689

02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2959473
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPLE, PAUL
3720 QUAIL FOREST DR.
TARPON SPRINGS, FL 34689-4997

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

U00000524273
05/03/06-80098-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAPLE, PAUL
STREET ADDRESS	3720 QUAIL FOREST DR.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	S
NAME	CAPLE, SUSAN
STREET ADDRESS	3720 QUAIL FOREST DR.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	PARKER, HENRY
STREET ADDRESS	7961 12TH STREET N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	T
NAME	PARKER, BELINDA
STREET ADDRESS	7961 12TH STREET N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
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: _____ 5-1-06 727-577-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #