


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 26, 2004 08:00 AM  
Secretary of State

DOCUMENT # L96247	
1. Entity Name HONEYCREEK KENNELS, INC.	

Principal Place of Business 14120 SW 24 ST. DAVIE, FL 33325 US	Mailing Address 14120 SW 24 STREET DAVIE, FL 33325 US
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03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0249849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORNELIUS, FRANK S. 14120 SW 29TH ST. DAVIE, FL 33325
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Sharon Cornelius SHARON CORNELIUS 4-22-04  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CORNELIUS, SHARON 14120 SW 24 ST. DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CORNELIUS, FRANK S. 14120 SW 24 ST. DAVIE, FL 33325
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04/26/04-80086-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Sharon Cornelius  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #