

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90044 032 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                               |                                                                                                                                                                                              |                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N07000001062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                               |                                                                                                                                                                                              |                                                                                                        |  |
| <b>1. Entity Name</b><br>BRANDON FLORIDA KENNEL CLUB, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                                                               |                                                                                                                                                                                              |                                                                                                        |  |
| <b>Principal Place of Business</b><br>25421 TRADEWINDS DR<br>LAND O LAKES, FL 34639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                                               | <b>Mailing Address</b><br>25421 TRADEWINDS DR<br>LAND O LAKES, FL 34639                                                                                                                      |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box</b><br>4044 Gallagher Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <b>3. Mailing Address</b><br>4044 Gallagher Rd                                                                                |                                                                                                                                                                                              |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | Suite, Apt. #, etc.                                                                                                           |                                                                                                                                                                                              |                                                                                                        |  |
| <b>City &amp; State</b><br>Plant City, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <b>City &amp; State</b><br>Plant City, FL                                                                                     |                                                                                                                                                                                              | <b>4. FEI Number</b><br>20-4388554                                                                     |  |
| <b>Zip</b><br>33565                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     | <b>Country</b><br>USA                                                                                                         |                                                                                                                                                                                              | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MANNING, MARY<br>25421 TRADEWINDS DR<br>LAND O LAKES, FL 34639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name: Judy G. Smith<br>Street Address (P.O. Box Number is Not Acceptable): 4044 Gallagher Road<br>City: Plant City, FL Zip Code: 33565 |                                                                                                        |  |
| <b>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.</b><br><br>SIGNATURE: <i>Judy G. Smith</i> <i>Judy G. Smith</i> (NOTE: Registered Agent signature required when reappointing) DATE:                                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                               |                                                                                                                                                                                              |                                                                                                        |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                              | <b>Make check payable to</b><br><b>Florida Department of State</b>                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                 |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>STEDING, DEBBIE<br>2705 S. WIGGINS RD<br>PLANT CITY, FL 33566  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Sam Steding<br>5305 Ray Place<br>Lakeland, FL 33813                                                |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>HALE, MYRLE<br>12860 THONOTOSASSA RD<br>DOVER, FL 33527        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>William Munsey<br>6402 W. Knights Dr<br>Plant City, FL 33565                                  |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>MANNING, MARY<br>25421 TRADEWINDS DR<br>LAND O LAKES, FL 34639 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Teresa Gimbut<br>12908 Prestwick<br>Riverdale, FL 33579                                            |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ALFORD-MANNING, SALLY<br>4424 LAKEWOOD DR<br>SEFFNER, FL 33584 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Judy G. Smith<br>4044 Gallagher Rd.<br>Plant City, FL 33565                                        |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                            |                                                                                                        |  |
| <b>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 617, 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.</b> |                                                                     |                                                                                                                               |                                                                                                                                                                                              |                                                                                                        |  |
| <b>SIGNATURE:</b> <i>Judy G. Smith</i> <i>Judy G. Smith</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | Date: 5/26/08 Time: 152-4197                                                                                                  |                                                                                                                                                                                              |                                                                                                        |  |

66011192



02222008 Chg-NP CR2E037 (12/06)