

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002115

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CARMONA KENNELS, INC.

**Current Principal Place of Business:**

36825 SUGARFOOT LANE  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 378  
TRILBY, FL 335930378

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARMONA, JOSE A  
36825 SUGARFOOT LANE  
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARMONA, JOSE A  
Address: 36825 SUGARFOOT LANE  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: LABOY, LUIS  
Address: 950 WEST NEW YORK AVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: T  
Name: PEREZ, SEIDA  
Address: 37224 PRICE DRIVEE  
City-St-Zip: ZEPHYRHILLS, FL 33541

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE A. CARMONA

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date