

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000057845



1. Entity Name
KOZY KENNELS, INC.

Principal Place of Business
208 SOUTH HWY 17
YULEE, FL 32097

Mailing Address
208 SOUTH HWY 17
YULEE, FL 32097



06142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3655664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORSTRUD, RITA
1567 PHILIPS MANOR ROAD
FERNANDINA BEACH, FL 32034

**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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NORSTRUD, RITA
STREET ADDRESS 1567 PHILIPS MANOR ROAD
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D
NAME NORSTRUD, SHEILA
STREET ADDRESS 1567 PHILIPS MANOR ROAD
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000369579
06/15/05-80001-016 550.00

**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:

Rita Norstrud Rita Norstrud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/05 904-548-0015