

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

file **FILED**
Feb 03, 2006 08:00 AM
Secretary of State

0000000000 P00000079379

1. Entity Name
BRIGHTON KENNELS, INC.



Principal Place of Business
**15960 HILLER STREET
WELLINGTON, FL 33414**

Mailing Address
**15960 HILLER STREET
WELLINGTON, FL 33414**



01142006 000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1039267

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** GUARANTY FEE

6. Name and Address of Current Registered Agent

**BRENNAN, KEVIN M
11369 OKEECHOBEE BLVD.
BLDG. B, SUITE 100
ROYAL PALM BEACH, FL 33411**

**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 \$160.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 GUARANTY FEE

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRENNAN, L'OYNE
STREET ADDRESS	15960 HILLER STREET
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP
NAME	BRENNAN, KEVIN M
STREET ADDRESS	11369 OKEECHOBEE BLVD., BLDG. B STE. 100
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000417873
02/13/06-80072-016 150.00

**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:

L'Oyne Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L'OYNE BRENNAN
Date

1/30/06
Daytime Phone #