


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P05000159749 1. Entity Name DRUMMOND KENNELS, INC.	
---	---

Principal Place of Business 1585 TOOLE CIRCLE CHIPLEY, FL 32428	Mailing Address 1585 TOOLE CIRCLE CHIPLEY, FL 32428
---	---



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3940710	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

**DRUMMOND, MICHELLE
1585 TOOLE CIRCLE
CHIPLEY, FL 32428**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DRUMMOND, PATRICK
STREET ADDRESS	1585 TOOLE CIRCLE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	VP
NAME	DRUMMOND, MICHELLE
STREET ADDRESS	1585 TOOLE CIRCLE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000640649
02/28/07-80076-004 150.00

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: Michelle Drummond, Michelle Drummond 2/15/07 850-638-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #