## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # P06000040017  1. Entity Name MARIENHOF KENNELS, INC.						02-05-2007	7 90082 006 ***1:	50.00
Principal Place of Business		Mailing Address		่ ี นูบบบ	10044			
2221 JANET DRIVE		2221 JANET DRIVE						
JACKSONVILLE, FL 32259		JACKSONVILLE, FL 32259						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182007	Chg-P	CR2E034 (12/06)		
City & State		City & State		20 - 570	456 3 8	• • • • • • • • • • • • • • • • • • • •	pplied For ot Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired	□ \$8.75 Ad	
	6. Name and Address of Curren	t Registered Agent		T	7 Name and A	ddrage of Now I	Fee Require	ed
	o. Haile allo Addiess of Culter	r vedistelen väelit		Name	7. Name and A	OGI 888 OI NEW I	Kegistered Agent	
	MICHAEL ·		0		(0.0.0			
2221 JANE	ET DRIVE IVILLE, FL 32259			Street Address	(P.O. Box Number	is Not Acceptabl	le)	
JACKSON	IVILLE, FL432239						***************************************	
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<u>k.</u>	•*							
ि the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing its	register	red office or registe	ered agent, or both,	in the State of Fi	lorida. I am familiar with	, and accept
CICNIATURE								
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registere	ed Agent signature require	red when reinstating)		DATE	
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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: Coa Mikhell OSA MITCHELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21.07

904-287-3934