


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90006 038 ***150.00

DOCUMENT # P07000083003	
1. Entity Name NOVA KENNEL, INC.	

Principal Place of Business 115 112TH AVENUE NE #325 ST. PETERSBURG FL 33716	Mailing Address 115 112TH AVENUE NE #325 ST. PETERSBURG FL 33716
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2. Principal Place of Business - No P.O. Box # 115 112th Ave NE Apt # 325 St. Petersburg FL 33716 Pinnellas	3. Mailing Address 115 112th Ave NE Apt # 325 St. Petersburg FL 33716 Pinnellas
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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent LIMMER, HANS 115 112TH AVENUE NE #325 ST. PETERSBURG FL 33716	
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4. FEI Number 59-1379726	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reappointing) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LIMMER, HANS STREET ADDRESS 115 112TH AVENUE NE #325 CITY-ST-ZIP ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LIMMER, ELLY STREET ADDRESS 115 112TH AVENUE NE #325 CITY-ST-ZIP ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **HANS LIMMER** 2-22-08 727-576-6074