

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90052 016 \*\*\*150.00

<b>DOCUMENT # P07000114847</b> 1. Entity Name <b>CALYPSO KENNEL INC.</b>			
Principal Place of Business <b>2384 NW LOWER SPRINGS ROAD LAKE CITY, FL 32055</b>		Mailing Address <b>2384 NW LOWER SPRINGS ROAD LAKE CITY, FL 32055 US</b>	
2. Principal Place of Business - No P.O. Box # <b>14497 Old Hunter Road</b>		3. Mailing Address <b>14497 Odd Hunter Rd.</b>	
Suite, Apt. #, etc. - - -		Suite, Apt. #, etc. - - -	
City & State <b>Brooksville, FL</b>		City & State <b>Brooksville, FL</b>	
Zip <b>34601</b>	Country <b>USA</b>	Zip <b>34601</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>PALACIO, JORGE J 10300 SUNSET DRIVE 400 MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>GRANDA, JANICE M</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2384 NW LOWER SPRINGS ROAD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>LAKE CITY, FL 32055</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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: <u><i>Janice M Granda</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/8/08</u> <u>(386) 755-38</u> <small>Date Decline Phone #</small>	

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01312008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
Not Applicable

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