

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006823

FILED
Feb 15, 2009
Secretary of State

Entity Name: KENNELMASTER GOURMET DOGGIE CHICKEN CHIPS, INC.

Current Principal Place of Business:

42769 US 27, BOX 172
DAVENPORT, FL 33837

New Principal Place of Business:

42769-172 - US 27
DAVENPORT, FL 33837

Current Mailing Address:

42769 US 27, BOX 172
DAVENPORT, FL 33837

New Mailing Address:

42769-172 - US 27
DAVENPORT, FL 33837

FEI Number: 26-1780234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, WILLIAM M
42769 US 27, BOX 172
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

ROSE, WILLIAM M
42769-172 US 27
DAVENPORT, FL 33837 US

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.

SIGNATURE:

02/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSE, WILLIAM M
Address: 42769 US 27, BOX 172
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: ROSE, LILLIAN B
Address: 42769 US 27, BOX 172
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: ROSE, LILLIAN B
Address: 42769 US 27, BOX 172
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Delete
Name: ROSE, MARK A
Address: 42769 US 27, BOX 172
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROSE, WILLIAM M
Address: 42769-172 US 27
City-St-Zip: DAVENPORT, FL 33837

Title: PST (X) Change () Addition
Name: ROSE, LILLIAN B
Address: 42769-172 US 27
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Change () Addition
Name: ROSE, MARK A
Address: 42769-172 US 27
City-St-Zip: DAVENPORT, FL 33837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. ROSE

VP

02/15/2009

Electronic Signature of Signing Officer or Director

Date