2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P92000013730



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90415 030 ***150.00



1. Entity Nat PASADE		RDING KENNELS	, INC							
Principal Pla	ce of Business	s .	Mailing Address			\dashv		.		
6735 GULFPORT BLVD S ST PETERSBURG, FL 33707 US		6735 GULFPORT BLV	6735 GULFPORT BLVD S ST PETERSBURG, FL 33707)(00129	195	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02132006	Chg-P	CR2E	034 (11/05)	
City & Sta	ite		City & State	City & State		4. FEI Numb) -	Applied For
Zip		Country	Zip	Coun	ntry		of Status Desired		\$8.75 Ac	dditional
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered		
DODG NO	221 5 0				Name					
DOSS, NOBLE C 5209 GULFPORT BLVD ST PETERSBURG, FL 33707						s (P.O. Box Numb	er is Not Acceptable	e)		
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8. The above	e named entity	y submits this statement fo	or the purpose of changing its	s register	1	tered agent, or bo	th, in the State of Flo	FL rida, I am	- 1	
	tions of registe	ered agent.		*					·-····	, w
the obliga										
the obliga	Signature, typed o	or printed name of registered agent	and title if applicable. (NOT	TE: Registere	id Agent signature requir	ired when reinstating)		DATE		
SIGNATURE.	Signature, typed o	FEE IS \$150.00 3 Fee will be \$550.	9. Election Campa Trust Fund Con	aign Finan	ncing \$!	5.00 May Be		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 eath; that I am an officer or director of 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #