

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000049426

1. Entity Name
PALM BEACH GREYHOUND KENNELS ASSOC., INC.



Principal Place of Business
**1111 N CONGRESS AVENUE
WEST PALM BEACH, FL 33409 US**

Mailing Address
**5340 NW 2ND AVENUE
A-530
BOCA RATON, FL 33487 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0425659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AGGANIS, ARTHUR
5340 NW 2ND AVENUE
A-530
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AGGANIS, ARTHUR W
5340 NW 2ND AVENUE, A-530
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARIAM, DOUGLAS
1161 NEW PARKVIEW FL
WEST PALM BEACH, FL 33417**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JAMES DOUGLAS,
1161 NEW PARKVIEW PLACE
WEST PALM BEACH, FL 33417**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAM T. DAVIDSON,
1074 FERNLEA DR.
WEST PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCLENNON, BERNIE
1244 - 12TH FAIRWAY
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #