

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000005530

1. Entity Name
CHARTER KENNEL, INC.



Principal Place of Business
34485 CACTUS DRIVE
ST PETERSBURG, FL 33781

Mailing Address
6035 PIN OAK PLACE
SPRING, TX 77379



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2730645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HICKMAN, BOB J
34485 CACTUS DRIVE
ST PETERSBURG, FL 33781

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000611468
02/02/07-80064-024 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
ALSOBROOK, CAROLYN L
6035 PIN OAK PL
SPRING, TX 77379

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
ALSOBROOK, CARY S
6035 PIN OAK PLACE
SPRING, TX 77379

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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: Cary S. Alsobrook - CARY S. ALSOBROOK 1-3-07 281-251-2071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #