

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90019 022 \*\*\*158.75

**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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

151 Clearview Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wheeling WV

Zip

Country

Zip

26003

Country

Ohio

4. FEI Number

59-2730645

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, BOB J  
34485 CACTUS DRIVE  
ST PETERSBURG FL 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ALSOBROOK, CAROLYN L	
STREET ADDRESS	6035 PIN OAK PL	
CITY-ST-ZIP	SPRING TX 77379	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	ALSOBROOK, CARY S	
STREET ADDRESS	6035 PIN OAK PLACE	
CITY-ST-ZIP	SPRING TX 77379	
TITLE	President	<input type="checkbox"/> Delete
NAME	Rodney Cooley	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodney Cooley	
STREET ADDRESS	151 Clearview Ave	
CITY-ST-ZIP	Wheeling WV 26003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Rodney Cooley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

727-424-4599

Date

Daytime Phone #