2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 17, 2004 8:00 am Secretary of State **DOCUMENT # P98000054336** 1. Entity Name 05-17-2004 90009 048 ***150 00 FLORIDA KENNELS OF BREVARD, INC. Mailing Address Principal Place of Business 5575 S.R. 520 5575 S.R. 520 **COCOA FL 32926** COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3523467 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 5575 KING ST. (S.R. 520) COCOA FL 32926 City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VTSD. ☐ Delete TITLE Change Addition NAME DEAN, PAUL F NAME STREET ADDRESS STREET ADDRESS 5575 Ş.R. 520 CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP PD ☐ Delete TITLE TITLE Change ☐ Addition NAME DEAN, DEBRA P MANAS 5575 S.R. 520 STREET ADDRESS STREET ADDRESS **COCOA FL 32926** CITY-ST-ZIP CITY-ST-7IP Defete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME ٠,, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ___ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. AUL DEAN SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR