


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 OCT 26 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054544
1. Entity Name
THE MIDDLEBURG KENNEL, INC.



Principal Place of Business: **2251 S DOLPHINE MIDDLEBURG, FL 32068**
Mailing Address: **2556 HOLLY POINT RD. EAST ORANGE PARK, FL 32073**

2. Principal Place of Business: **2251 S. Dolphin Ave.**
3. Mailing Address: **2251 S. Dolphin Ave.**

City & State: **Middleburg, FL**
City & State: **Middleburg, FL**
Zip: **32068** Country: **US**
Zip: **32068** Country: **US**

Barcode: 
08112006 Chg-P CR2E034 (11/05) 06

6. Name and Address of Current Registered Agent
KICKLIGHTER, PAMELA H
~~**2556 HOLLY POINT RD. EAST**~~
~~**ORANGE PARK, FL 32073**~~

4. FEI Number: **59-3632937**
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): **2251 South Dolphin Ave.**
City: **Middleburg** State: **FL** Zip Code: **32068**

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: *Pam Kicklighter* DATE: **9/22/06**

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE: PD NAME: KICKLIGHTER, PAMELA H STREET ADDRESS: 2556 HOLLY POINT RD. EAST CITY-ST-ZIP: ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: 2251 S. Dolphin Ave. (address only) CITY-ST-ZIP: Middleburg, FL 32068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Pam Kicklighter* DATE: **9/22/06** (904) 608-8287

The Middleburg Kennel, Inc.
2251 S. Dolphin Avenue
Middleburg, FL 32068

October 23, 2006

Mr. Sean Toner
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Middleburg Kennel, Inc.

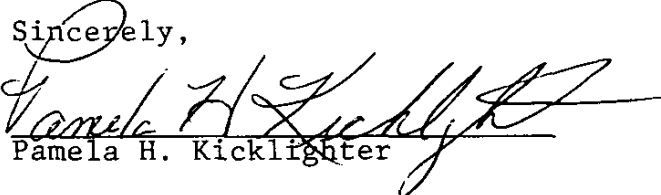
Dear Mr. Toner:

This letter and the Annual Report enclosed I hope will correct and return the above named corporation to good standing.

As we discussed since I did not receive an Annual Report form, I did not handle the report correctly as to the correct name of the corporation, I am asking you to return the \$400.00 penalty as we discussed and use the name, THE MIDDLEBURG KENNEL, INC. as the name of the Corporation. My father had been sending in the reports and I thought that it had been taken care as usual, so I sent in the form the best I could.

Thank you for your consideration in this matter.

Sincerely,


Pamela H. Kicklighter