ANNUAL KEPUKI

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DOCUMENT # P99000054544

1. Entity Name

THE MIDDLEBURG KENNEL, INC.



FILED Jan 30, 2008 08:00 Al Secretary of State

Principal Place of Business

2251 S DOLPHINE AVE MIDDLEBURG, FL 32068

Mailing Address

2251 S DOLPHINE AVE MIDDLEBURG, FL 32068



4. FEI Number 59-3632937

Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Regulated

6. Name and Address of Current Registered Agent

KICKLIGHTER, PAMELA H 2251 S DOLPHINE AVE MIDDLEBURG, FL 32068

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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 Signeture, typed or printed name of registered egent and title it explicable. (NOTE: Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 02/Ò5/Ò8-8ÒÓ74-025 150.00 Trust Fund Contribution: Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KICKLIGHTER, PAMELA H. 2251 S DOLPHINE AVE STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITS F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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 eath; 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

CHATURE AND TYPED OR PROTED NAME OF SIGNAM OFFICER OR DIRECTOR

1-18-08 904-291-1331