

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90151 036 ***150.00

DOCUMENT # P99000066612

1. Entity Name
SHADY LANE KENNELS, INC.



Principal Place of Business
**700 SHADY LN.
FORT WALTON BEACH, FL 32547**

Mailing Address
**700 SHADY LN.
FORT WALTON BEACH, FL 32547**

14019865



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3617682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, KATHY
700 SHADY LN.
FORT WALTON BEACH, FL 32547**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, KATHY	
STREET ADDRESS	222 NEWCASTLE DR.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DENNIS	
STREET ADDRESS	222 NEWCASTLE DR.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISSOM, PAMELA	
STREET ADDRESS	154 HOMEWOOD DR.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISSOM, RONALD	
STREET ADDRESS	154 HOMEWOOD DR.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
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		
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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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD GRISSOM

4/20/04

Date

Daytime Phone #