


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V04265
 1. Entity Name
 COUNTRY KENNELS, INC.



Principal Place of Business
 5516 HONORE AVE
 SARASOTA, FL 34233

Mailing Address
 5516 HONORE AVE
 SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0318169 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FAHRNEY, MARY-JANE
 5516 HONORE AVE
 SARASOTA, FL 34233

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	P
NAME	FAHRNEY, MARY J
STREET ADDRESS	4316 C WILKINSON RD
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	S
NAME	SMITH, ELSIE
STREET ADDRESS	5516 HONORE AVE
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	V
NAME	MONTEITH, EDITH
STREET ADDRESS	4130 MIDLAND RD
CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	D
NAME	MONTEITH, ELIZABETH
STREET ADDRESS	5516 HONORE AVE
CITY - ST - ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000006642
 01/16/04-80044-010 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *Elsie Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-14-04 9419211697
 Date Daytime Phone #