


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**5516 HONORE AVE**      **5516 HONORE AVE**  
**SARASOTA, FL 34233**      **SARASOTA, FL 34233**



01262006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0318169**      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 restateing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	

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 02/15/06-80019-008 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Elsie Smith*      Jan 31, 2006      941-922-9437  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #