

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000994

FILED
Mar 14, 2004
Secretary of State

Entity Name: K9 COMMUNITY ASSISTANCE NETWORK, INC.

Current Principal Place of Business:

13014 N. DALE MABRY HIGHWAY
SUITE 362
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HIGHWAY
SUITE 362
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3696934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JAMES J III
2105 MAGDALENE MANOR DRIVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: MARTIN, JAMES J III
Address: 2105 MAGDALENE MANOR DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D, V () Delete
Name: LATIMER, CRAIG
Address: 17201 ESTES ROAD
City-St-Zip: LUTZ, FL 33549

Title: D, T () Delete
Name: COOK-MARTIN, LISA
Address: 2105 MAGDALENE MANOR DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D, S () Delete
Name: LATIMER, SHARON
Address: 17201 ESTES ROAD
City-St-Zip: TAMPA, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J MARTIN III

D, P

03/14/2004

Electronic Signature of Signing Officer or Director

Date