

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038638

**FILED  
Apr 18, 2005  
Secretary of State**

**Entity Name:** FLORIDA K-9 SERVICES, INC.

**Current Principal Place of Business:**

% WENDY ELLEN MCCAULEY  
5001 HWY 427  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

% WENDY ELLEN MCCAULEY  
5001 HWY 427  
SANFORD, FL 32773 US

**New Mailing Address:**

**FEI Number:** 65-0446604      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCAULEY, WENDY E  
5001 HWY 427  
SANFORD, FL 32773 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ASTON, WENDY E  
Address: 5001 COUNTY ROAD 427  
City-St-Zip: SANFORD, FL 32773 US

Title: TD ( ) Delete  
Name: VAWTER, VICKI  
Address: 5001 COUNTY ROAD 427  
City-St-Zip: SANFORD, FL 32773 US

Title: V ( ) Delete  
Name: ASTON, TERRY  
Address: 5001 COUNTY ROAD 427  
City-St-Zip: SANFORD, FL 32773

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY ASTON

MR.

04/18/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date