

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000994

1. Entity Name
K9 COMMUNITY ASSISTANCE NETWORK, INC.



Principal Place of Business
**13014 N. DALE MABRY HIGHWAY
SUITE 362
TAMPA, FL 33618**

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



03042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3696934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P MARTIN, JAMES J III 2105 MAGDALENE MANOR DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V LATIMER, CRAIG 17201 ESTES ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T COOK-MARTIN, LISA 2105 MAGDALENE MANOR DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S LATIMER, SHARON 17201 ESTES ROAD TAMPA, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80013-011 61.25

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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 617, 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: *[Signature]* **JAMES J. MARTIN III** **3-6-07** **813-962-0385**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #