


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90035 034 ****61.25

DOCUMENT # N02000002780 1. Entity Name HIGHLANDS K9 SEARCH & RESCUE, INC.					
Principal Place of Business 2005 HICKS ROAD LORIDA, FL 33857			Mailing Address 2005 HICKS ROAD LORIDA, FL 33857		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 151			
City & State Lorida, Florida		City & State Lorida, Florida		4. FEI Number 04-3650025	
Zip 33857		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITH, MONICA 2005 HICKS ROAD LORIDA, FL 33857					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PSTD GRIFFITH, MONICA <input type="checkbox"/> Delete 2005 HICKS ROAD LORIDA, FL 33857	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	VD CLARK, BARBARA <input checked="" type="checkbox"/> Delete 2005 HICKS ROAD LORIDA, FL 33857	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	D ALBRITTON, KYLE <input type="checkbox"/> Delete 434 FERNLEAF AVENUE SEBRING, FL 33870	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	D GILLIARD, TOM <input type="checkbox"/> Delete 307 N RIDGEWOOD DRIVE SEBRING, FL 33870	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: <u>Monica C. Griffith</u> (Monica C. Griffith) 4/14/04 863-655-9080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94059967



04122004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

**\$8.75 Additional
Fee Required**

FL Zip Code