


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002780</b> 1. Entity Name <b>HIGHLANDS K9 SEARCH &amp; RESCUE, INC.</b>		
Principal Place of Business <b>2005 HICKS ROAD LORIDA FL 33857</b>	Mailing Address <b>P.O. BOX 151 LORIDA FL 33857</b>	



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number <b>04-3650025</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>GRIFFITH, MONICA 2005 HICKS ROAD LORIDA FL 33857</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSTD GRIFFITH, MONICA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MONICA	NAME	U00000286711
STREET ADDRESS	2005 HICKS ROAD	STREET ADDRESS	04/04/05-80040-007 61.25
CITY-ST-ZIP	LORIDA FL 33857	CITY-ST-ZIP	
TITLE	VD PAGNOTTA, RHONDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGNOTTA, RHONDA	NAME	
STREET ADDRESS	1486 NW 153 LANE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	CITY-ST-ZIP	
TITLE	D ALBRITTON, KYLE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, KYLE	NAME	
STREET ADDRESS	434 FERNLEAF AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	D GILLIARD, TOM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIARD, TOM	NAME	
STREET ADDRESS	307 N RIDGEWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Monica C. Griffith *Monica C. Griffith* 04.01.05 863-655-9080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #