

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

01-21-2005 90045 050 ****61.25

DOCUMENT # N04000008256

1. Entity Name
GULF COAST SEARCH & RECOVERY K-9'S, INC.



66002083



Principal Place of Business
**708 RIDGE RD
PENSACOLA, FL 32514 US**

Mailing Address
**708 RIDGE RD
PENSACOLA, FL 32514 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-2224246

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

6. Name and Address of Current Registered Agent
**DENNIS, TAMMY E
708 RIDGE RD
PENSACOLA, FL 32514**

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 *Cherry E. Dennis* *Tammy E. Dennis* **1-18-05**
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, 2005

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENNIS, BRAD S 708 RIDGE RD PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELT, GEORGE 3690 CRABTREE CHURCH RD MOLINO, FL 32577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DENNIS, TAMMY E 708 RIDGE RD PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Bradley S. Dennis* **Bradley S. Dennis** **1/18/05** **850-479-3553**
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

66002089
N04000008256

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2224246 OMB No. 1545-0003																					
1* Legal name of entity (or individual) for whom the EIN is being requested Gulf Coast Search and Recovery K9s Inc.																									
2 Trade name of business (if different from name on line 1)			3* Executor, trustee, "care of" name Tammy E Dennis																						
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 708 Ridge Rd			5a Street address (if different) (Do not enter a P.O. box)																						
4b* City, state, and ZIP code Pensacola FL 32514 -			5b City, state, and ZIP code																						
6* County and state where principal business is located County Escambia State FL																									
7a Name of principal officer, general partner, grantor, owner, or trustee			7b SSN, ITIN, EIN																						
8a* Type of entity (check only one) <table border="0"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Search and Rescue</td> <td><input type="checkbox"/> REMIC</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Group Exemption NO. (GEN) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Search and Rescue	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government		<input type="checkbox"/> Federal government/military		<input type="checkbox"/> Indian tribal government/enterprises
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FL		Foreign country																					
9* Reason for applying (check only one) <table border="0"> <tr> <td><input type="checkbox"/> Started new business (specify type) ▶</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td><input checked="" type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>						<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶	<input checked="" type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶										
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10* Date business started or acquired (month, day, year) AUG 23 2004			11 Closing month of accounting year																						
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																									
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i> ▶			Agriculture 0		Household 0																				
			Other 0																						
14* Check box that best describes the principal activity of your business <table border="0"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) Search and Rescue assist</td> <td><input type="checkbox"/> Retail</td> <td></td> <td></td> <td></td> </tr> </table>						<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Other (specify) Search and Rescue assist	<input type="checkbox"/> Retail								
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Search and Rescue of missing persons																									
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input checked="" type="checkbox"/> No																									
<i>Note: If "Yes" please complete lines 16b and 16c</i>																									
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																									
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																									
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form <table border="0"> <tr> <td rowspan="3">Third Party Designee</td> <td>Designee's name</td> <td>Designee's telephone number (include area code)</td> </tr> <tr> <td>Address and ZIP code</td> <td>() - Designee's fax number (include area code)</td> </tr> <tr> <td></td> <td>() -</td> </tr> </table>						Third Party Designee	Designee's name	Designee's telephone number (include area code)	Address and ZIP code	() - Designee's fax number (include area code)		() -													
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)					Applicant's telephone number (include area code)																				