

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000008256**

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



Principal Place of Business  
**3690 CRABTREE CHURCH RD  
MOLINO, FL 32577 US**

Mailing Address  
**3690 CRABTREE CHURCH RD  
MOLINO, FL 32577**



03022006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2224246**

Applied For  
Not Applicable

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**

**DO NOT WRITE  
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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DENNIS, BRAD S
STREET ADDRESS	708 RIDGE RD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	P
NAME	FELT, GEORGE
STREET ADDRESS	3690 CRABTREE CHURCH RD
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	SEC
NAME	DENNIS, TAMMY E
STREET ADDRESS	708 RIDGE RD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563653  
05/20/06-80020-014 70.00

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George D. Felt Jr.*  
3/2/06

Date

800.437.4878  
Daytime Phone #