## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 12, 2007 8:00 am Secretary of State

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ANNUAL REPORT	

**DOCUMENT # N04000008256** 

1. Entity Name
GULF COAST SEARCH & RECOVERY K-9'S, INC. Principal Place of Business Mailing Address guusosoi 3690 CRABTREE CHURCH RD 3690 CRABTREE CHURCH RD MOLINO, FL 32577 US MOLINO, FL 32577 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01032007 CR2E037 (12/06) Cha-NP FEI Number 20-2224246 City & State Applied For City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAWN D. FELT DENNIS, TAMMY E Street Address (P.O. Box Number is Not Acceptable) 708 RIDGE RD WOODRUN PLACE PENSACOLA, FL 32514 City PENSACOLA 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. GLIM SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P/D Change | Addition TITLE Delete TITI F SHAWN D. FELT. NAME DENNIS, BRAD S NAME 708 RIDGE RD STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-ZIP PENSACOLA, FL 32514 CITY-ST-ZIP D JOEL RICHARDSON ☐ Change Addition Delete TITLE TITLE FELT. GEORGE NAME NAME 7623 WHITING ACRES STREET ADDRESS STREET ADDRESS 3690 CRABTREE CHURCH RD MILTON, FL 32570 CITY-ST-7IP CITY-ST-ZIP **MOLINO, FL 32577** Delete TITLE Change Addition TITLE NAME DENNIS, TAMMY E NAME STREET ADDRESS 708 RIDGE RD STREET ADDRESS CITY-ST-ZP PENSACOLA, FL 32514 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 that a man address, with all order like empowered. DIRECTOR FECT SIGNATURE: