

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90001 019 \*\*\*\*61.25

<b>DOCUMENT # N05000000422</b>					
<b>1. Entity Name</b> BAY AREA RECOVERY K-9S OF FLORIDA, INC.					
<b>Principal Place of Business</b> 15115 SHEILA ANN DR HUDSON, FL 34669			<b>Mailing Address</b> 15115 SHEILA ANN DR HUDSON, FL 34669		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072006    Chg-NP    CR2E037 (11/05)	
<b>4. FEI Number</b> 30-0290415				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRLECIC, SYLVIA 15115 SHEILA ANN DR HUDSON, FL 34669			Name KENNETH RUPP		
			Street Address (P.O. Box Number is Not Acceptable)		
			9805 CONSERVATION DRIVE		
			City NEW PORT RICHEY FL		Zip Code 34655
<b>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.</b>					
SIGNATURE:			DATE: 2/11/2006		
Signature, based on printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOP BRLECIC, SYLVIA 15115 SHEILA ANN DR HUDSON, FL 34669	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSAN PERCIVAL 3811 17 <sup>TH</sup> AVENUE SW NAPLES FLORIDA 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOTS ELLIS, MELISSA 205 JACK AVE NORTH LEHIGH ACRES, FL 33971	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVELYN PARSONS 11417 STARKEY ROAD LARGO FLORIDA 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOT NISTAL, LORALIE 9330 NORTH ASHLEY ST. TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNETH RUPP 9805 CONSERVATION DRIVE NEW PORT RICHEY FLORIDA 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NUGENT, BETH 11508 BELMACK BLVD S ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBARA TYNDALL 2383 INDIAN TRAIL EAST PALM HARBOR FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NISTAL, LORALEI 9330 N ASHLEY ST TAMPA, FL 33612	<input checked="" 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	T BRLECIC, HAROLD 15115 SHEILA ANN DR HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> SYLVIA BRLECIC    2-11-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					