2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000422

Entity Name: BAY AREA RECOVERY K-9S OF FLORIDA, INC.

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
15115 SHEILA ANN DR HUDSON, FL 34669				3811 17TH AVE. S.W. NAPLES, FL 34117			
Current Mailing Address:				New Mailing Address:			
15115 SHEILA ANN DR HUDSON, FL 34669				3811 17TH AVE.S.W. NAPLES, FL 34117			
FEI Number	: 30-0290415	FEI Number Applied For()	FEI Nun	nber Not Appl	licable()	Certificate of Status Desired	d ()
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Registered Agent:	
NEW POR	ISERVATION [RT RICHEY, FL		ourpose o	of changing i	ts registered (office or registered agent,	or both,
SIGNATU							
Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGES	TO OFFICERS AND DIR	RECTORS
Title: Name: Address: City-St-Zip:	DOP (BRLECIC, SYL 15115 SHEILA HUDSON, FL 3	ANN DR		Title: Name: Address: City-St-Zip:	D (X BRLECIC, SYL 510 COUNTY F PIEDMONT, AL	ROAD 328	
Title: Name: Address: City-St-Zip:	DOTS (ELLIS, MELISS 205 JACK AVE LEHIGH ACRE	NORTH		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	DOT (NISTAL, LORA 9330 NORTH A TAMPA, FL 33	SHLEY ST.		Title: Name: Address: City-St-Zip:	D (X PERCIVAL, AN 3811 17TH AV NAPLES, FL 3	E. SW	
Title: Name: Address: City-St-Zip:	P () PERCIVAL, SU 3811 17TH AVE NAPLES, FL 3	E. SW		Title: Name: Address: City-St-Zip:	P,D (X PERCIVAL, SU 3811 17TH AV NAPLES, FL 3	E. SW	
Title: Name: Address: City-St-Zip:	V (PARSONS, EV 11417 STARKE LARGO, FL 33	EY RD		Title: Name: Address: City-St-Zip:	RUPP, KENNE 9805 CONSER	C) Change () Addition TH EVATION DRIVE CHEY, FL 34655	
Title: Name: Address:	T (X RUPP, KENNE 9805 CONSER			Title: Name: Address:	() Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KENNETH RUPP T 04/12/2007

NEW PORT RICHEY, FL 34655

City-St-Zip: