

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 036 ****61.25

DOCUMENT # N05000000422 1. Entity Name BAY AREA RECOVERY K-9S OF FLORIDA, INC.					
Principal Place of Business 3811 17TH AVE. S.W. NAPLES, FL 34117				Mailing Address 3811 17TH AVE.S.W. NAPLES, FL 34117	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0290415	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUPP, KENNETH 9805 CONSERVATION DR. NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name Andrew Percival Street Address (P.O. Box Number is Not Acceptable) 3811 17th Ave SW City Naples FL Zip Code 34117	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-25-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BRLECIC, SYLVIA 510 COUNTY ROAD 328 PIEDMONT, AL 36727	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P Ellis, Melissa 205 Jack Ave N Lehigh Acres, FL 33971
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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	Percival, Andrew 3811 17th Ave. SW Naples, FL 34117
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERCIVAL, ANDREW 3811 17TH AVE. SW NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Percival, Susan 3811 17th Ave. SW Naples, FL 34117
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D PERCIVAL, SUSAN 3811 17TH AVE. SW NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Percival, Susan 3811 17th Ave. SW Naples, FL 34117
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUPP, KENNETH 9805 CONSERVATION DRIVE NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Percival, Susan 3811 17th Ave. SW Naples, FL 34117
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERCIVAL, ANDREW 3811 17TH AVE. SW NAPLES, FL 34117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Percival, Susan 3811 17th Ave. SW Naples, FL 34117
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-25-08 Daytime Phone # 239-253-8399	