

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000028176**

1. Entity Name

K-9 EDUCATIONAL TRAINING CENTER OF  
HILLSBOROUGH, INC.



Principal Place of Business

7709 GARDNER RD.  
TAMPA, FL 33625-3841

Mailing Address

7709 GARDNER RD.  
TAMPA, FL 33625-3841



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number

37-1424675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD.  
SUITE 309  
TAMPA, FL 33629

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME EHRKE-PAPE, WENDY H  
STREET ADDRESS 7705 GARNER RD.  
CITY-ST-ZIP TAMPA, FL 336253841

TITLE D  
NAME PAPE, MICHAEL G  
STREET ADDRESS 7705 GARNER RD.  
CITY-ST-ZIP TAMPA, FL 336253841

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

1100000392847  
01/24/06-80095-014 158.75

**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 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wendy Pape*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

813 920 911