

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2004  
Secretary of State**

DOCUMENT# N03000002329

Entity Name: K9 FORENSICS RECOVERY TEAM, INC.

**Current Principal Place of Business:**

13168 JACQUELINE RD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

13168 JACQUELINE RD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

FEI Number: 77-0593398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEPENELLA, SAM  
2072 CARSON AVE  
SPRING HILL, FL 34608      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: PEPENELLA, SAM  
Address: 2072 CARSON AVEE RD  
City-St-Zip: SPRING HILL, FL 34608

Title: V      ( ) Delete  
Name: PETRILLO, KENNETH  
Address: 1721 CHESAPEAKE DR  
City-St-Zip: ODESSA, FL 33556

Title: TD      ( ) Delete  
Name: PETER, MARY  
Address: 13168 JACQUELINE RD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: SD      ( ) Delete  
Name: FERGEUSON, TROY  
Address: 10918 CLAVERTON AVE  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SAM PEPENELLA

PD

01/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date