


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02823 1. Entity Name WILD ANIMAL RETIREMENT VILLAGE, INC.	
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Principal Place of Business 8901 NE HWY 301 WALDO FL 32694 US	Mailing Address STAR ROUTE, BOX 800 WALDO FL 32694
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

4. FEI Number 59-2409387	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLLIE, DR. HARRY 229 SW 43RD TERRACE GAINESVILLE FL 32607
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 50px;"> FL Zip Code </div>

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD SCHULER, MR. EUGENE M. <input type="checkbox"/> Delete 8901 NE HWY 301 WALDO FL
TITLE	VD SCHULER, FRANCES L. <input type="checkbox"/> Delete 8901 NE HWY 301 WALDO FL
TITLE	STD KISTNER, SANDRA <input type="checkbox"/> Delete 1022 WYNDHAM WAY SAFTEY HARBAR FL
TITLE	D WALLEDA, MRS. CARLA <input type="checkbox"/> Delete 3842 SUGAR LANE SARASOTA FL
TITLE	D HOLLIE, DR. HARRY <input type="checkbox"/> Delete 229 SW 43RD TERRACE GAINESVILLE FL
TITLE	D HINNEBUSCH, MR. MARK <input type="checkbox"/> Delete 3669 NW 23RD AVENUE GAINESVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000327585
04/25/05-80044-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Eugene M. Schuler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05
Date Daytime Phone #