

ANNUAL REPORT (AR)



FILED
Apr 13, 2007 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/06)

DOCUMENT # N02823
 1. Entity Name
WILD ANIMAL RETIREMENT VILLAGE, INC.

Principal Place of Business Mailing Address
 8901 NE HWY 301 STAR ROUTE, BOX 800
 WALDO FL 32694 WALDO FL 32694
 US

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 **59-2409387** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HOLLIE, DR. HARRY
 229 SW 43RD TERRACE
 GAINESVILLE FL 32607

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHULER, MR.EUGENE M.	
STREET ADDRESS	8901 NE HWY 301	
CITY- ST- ZIP	WALDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULER, FRANCES L.	
STREET ADDRESS	8901 NE HWY 301	
CITY- ST- ZIP	WALDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KISTNER, SANDRA	
STREET ADDRESS	1022 WYNHAM WAY	
CITY- ST- ZIP	SAFTEY HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLEDA, MRS.CARLA	
STREET ADDRESS	3842 SUGAR LANE	
CITY- ST- ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLIE, DR. HARRY	
STREET ADDRESS	229 SW 43RD TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINNEBUSCH, MR. MARK	
STREET ADDRESS	3669 NW 23RD AVENUE	
CITY- ST- ZIP	GAINESVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000706307	
CITY- ST- ZIP	04/24/07-80053-015 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eugene M. Schuler Frances M. Schuler 4-11-07 352 468-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone