

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005424

FILED
Feb 24, 2009
Secretary of State

Entity Name: A TO Z MENAGERIE, INC.

Current Principal Place of Business:

11417 CHAROLAIS ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

PO BOX 204
LITHIA, FL 33547

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, JUDITH S
673 WEST MUMSDEN ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

LAMBERT, JUDITH S
673 WEST LUMSDEN ROAD
BRANDON, FL 33511 US

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:

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZEGARSKI, RENEE
Address: PO BOX 204
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: MOLINA, ISMAEL
Address: PO BOX 204
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: MOREDA, LORI
Address: PO BOX 204
City-St-Zip: LITHIA, FL 33547

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RENEE ZEGARSKI

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date