

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90022 016 \*\*\*\*61.25

<b>DOCUMENT # N99000004058</b>					
<b>1. Entity Name</b> MCOLA MANATEE CITIZENS FOR OFF LEASH AREAS, INC. <i>Name change</i> Animal Network Inc.					
<b>Principal Place of Business</b> 5102 30 STREET WEST BRADENTON, FL 34207 US			<b>Mailing Address</b> 5102 30 STREET WEST BRADENTON, FL 34207 US		
<b>2. Principal Place of Business</b> 1201 1/2 42nd St W Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1201 1/2 42nd St W Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton FL		<b>City &amp; State</b> Bradenton FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 34205		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CRAWFORD, LAURIE 5102 30 STREET WEST BRADENTON, FL 34207			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1201 1/2 42nd St W City Bradenton FL Zip Code 34205		
<b>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.</b> SIGNATURE <i>Laurie Crawford</i> LAURIE CRAWFORD PRESIDENT 3/23/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> CRAWFORD, LAURIE <b>STREET ADDRESS</b> 5102 30TH ST W <b>CITY-ST-ZIP</b> BRADENTON, FL 34207	<input type="checkbox"/> Delete		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>NAME</b> 1201 1/2 42nd St W <b>STREET ADDRESS</b> Bradenton FL 34205 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T/D <b>NAME</b> RUSSELL, HILDY <b>STREET ADDRESS</b> 4003 BAYSIDE CT <b>CITY-ST-ZIP</b> BRADENTON, FL 34210	<input type="checkbox"/> Delete		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>NAME</b> 8114 woodlawn Cir S <b>STREET ADDRESS</b> Palmetto FL 34221 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP/D <b>NAME</b> KOLZE, SUE <b>STREET ADDRESS</b> 610 IXORA AVE <b>CITY-ST-ZIP</b> ELLENTON, FL 34222	<input type="checkbox"/> Delete		<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>NAME</b> Board of Director <b>STREET ADDRESS</b> Secretary <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SEC'D <b>NAME</b> THOMPSON, KATHLEEN <b>STREET ADDRESS</b> 119 32ND ST W <b>CITY-ST-ZIP</b> BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Change <input type="checkbox"/> Addition <input type="checkbox"/> <b>NAME</b> Board of Director <b>STREET ADDRESS</b> Secretary <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SAMPSON, JOANNE <b>STREET ADDRESS</b> 2380 33RD AVE. DR. W <b>CITY-ST-ZIP</b> BRADENTON, FL 34205	<input type="checkbox"/> Delete		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>NAME</b> Board of Director <b>STREET ADDRESS</b> Secretary <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D. <b>NAME</b> KINNAN, LINDA <b>STREET ADDRESS</b> 304 69TH ST NW <b>CITY-ST-ZIP</b> BRADENTON, FL 34209	<input type="checkbox"/> Delete		<b>TITLE</b> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>NAME</b> Board of Director <b>STREET ADDRESS</b> Secretary <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>Hildy Russell</i> HILDY RUSSELL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/23/04 Daytime Phone # 813 247-6282		