

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90065 008 ****61.25

DOCUMENT # N99000004058

1. Entity Name
ANIMAL NETWORK INC.



Principal Place of Business
**1201 1/2 42ND ST. W
BRADENTON, FL 34205 US**

Mailing Address
**9217 29TH STREET EAST
PARRISH, FL 34219 US**

40037319



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAWFORD, LAURIE
1201 1/2 42ND ST. W
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAWFORD, LAURIE 1201 1/2 42ND ST. W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D CRAWFORD, WENDY 9217 29TH ST EAST PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D KOLZE, SUE 610 IXORA AVE ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD SAMPSON, JOANNE 2380 33RD AVE. DR. W BRADENTON, FL 34205 <i>Diane Pendleton 7603 13th Ave. NW Bradenton, FL 34209</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KINNAN, LINDA 304 69TH ST NW BRADENTON, FL 34209 <i>Rita Boyer 1802 23rd Ave. W Bradenton, FL 34205</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Wendy Crawford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07 *941-729-2118*
Date Daytime Phone #