


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90016 049 ****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
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DO NOT WRITE IN THIS SPACE

40055500



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAWFORD, LAURIE 1201 1/2 42ND ST. W BRADENTON, FL 34205

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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 _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 PENDLETON, DIANE 7003 13TH AVE NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD BOYER, RITA 1802 23RD AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Wendy Crawford, Treas.</u>	Date: <u>3-8-08</u>	Daytime Phone #: <u>941-729-2118</u>
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