

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006163

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC8967568048**

**Entity Name:** ANIMAL CROSSINGS OF FLORIDA, INC.

**Current Principal Place of Business:**

4392 S.W. 52ND TERRACE  
BUSHNELL, FL 33513

**Current Mailing Address:**

4392 S.W. 52ND TERRACE  
BUSHNELL, FL 33513

**FEI Number: 80-0810484**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARBSMEIER, CURT L  
5120 SOUTH LAKELAND DRIVE  
SUITE 3  
LAKELAND, FL 33813 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            BM  
Name            KESZEY, STEPHEN  
Address        4392 S.W. 52ND TERRACE  
City-State-Zip: BUSHNELL FL 33513

Title            BM  
Name            RIPPS, JON  
Address        222 ROUTE 59, SUITE 111  
City-State-Zip: SUFFERN NY 10901

Title            BM  
Name            SWEETING, NATHAN  
Address        4282 S.W. 52ND TERRACE  
City-State-Zip: BUSHNELL FL 33513

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN KESZEY**

**BM**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date