

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91220 027 ***150.00

DOCUMENT # 497873

1. Entity Name

GEORGE'S TAXIDERMY, INC.



Principal Place of Business

4175 N.E. 301 BLVD.
FT. DRUM FL 34972
US

Mailing Address

PO BOX 1359
FT PIERCE FL 34954-1359
US

65000100



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1652449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, GEORGE E. JR.
4175 N.E. 301 BLVD.
FT.DRUM FL 34972

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HOGAN, GEORGE E JR
STREET ADDRESS 4175 NE 301 BLVD.
CITY-ST-ZIP FT. DRUM FL

TITLE T ☐ Delete
NAME HOGAN, ELIZABETH
STREET ADDRESS 4175 NE 301 RD
CITY-ST-ZIP FT DRUM FL

TITLE S ☐ Delete
NAME WHEELER, GRETA
STREET ADDRESS 4175 NE 301 BLVD
CITY-ST-ZIP FT DRUM FL

TITLE VP ☐ Delete
NAME WHEELER, WADE
STREET ADDRESS 4175 NE 301 BLVD
CITY-ST-ZIP FT. DRUM FL

TITLE VP ☐ Delete
NAME WHEELER, MICHAEL
STREET ADDRESS 4175 NE 301 BLVD
CITY-ST-ZIP FT DRUM FL

TITLE VP ☐ Delete
NAME MCKEON, JR. C D
STREET ADDRESS 4175 NE 301 BLVD
CITY-ST-ZIP FT DRUM FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth Hogan Elizabeth Hogan

4-30-04

863 763-7277