FILED
Jul 08, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 823832

1. Entity Name
JUNGLE LARRY'S ZOOLOGICAL PARK, INC.

Principal Place of Business	Mailing Address
1590 GOODLETTE RD NAPLES, FL 33940 US	1590 GOODLETTE RD NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

05302004 No Chg-F CR2E034 (10/03)

4. FEI Number
34-0966117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TETZLAFF, NANCY
5841 20TH AVE NW
NAPLES, FL 33940

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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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due By September 8, 2004

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

In accordance with s. 607.193(7)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VSO
NAME	TETZLAFF, DAVID
STREET ADDRESS	5825 20TH AVE NW
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	PD
NAME	TETZLAFF,NANCY
STREET ADDRESS	5841 20TH AVE NW
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	TD
NAME	RAESE, WARREN
STREET ADDRESS	3378 E SMITH RD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	VD
NAME	TETZLAFF, TIM
STREET ADDRESS	605 DEERWOOD AVE
CITY-ST-ZIP	GAHANNA, OH 43230
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/08/04-80013-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: Nancy Tetzlaff 7-1-04 239-262-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #