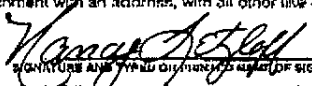


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 823832			
1. Entity Name JUNGLE LARRY'S ZOOLOGICAL PARK, INC.			
Principal Place of Business 1590 GOODLETTE RD NAPLES, FL 33940 US		Mailing Address 1590 GOODLETTE RD NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE		06302004 No Chg-1* CR2E034 (10/03)	
		4. FFI Number 34-0968117	
		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		DO NOT WRITE IN THIS SPACE	
7. I, the undersigned, hereby submit 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 retaining)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSO TETZLAFF, DAVID 5825 20TH AVE NW NAPLES, FL 34119		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO TETZLAFF, NANCY 5841 20TH AVE NW NAPLES, FL 34119		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TO RAESE, WARREN 3378 E SMITH RD MEDINA, OH 44256		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO TETZLAFF, TIM 605 DEERWOOD AVE GAHANNA, OH 43230		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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(5)(a), 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 live empowered.			
SIGNATURE: 		7-1-04 239-262-5409	
SIGNATURE AND TITLE OF AUTHORIZED SIGNING OFFICER OR DIRECTOR		Date Payable From #	

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07/08/04-80013-005 158.75

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IN THIS SPACE