

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 009 ***158.75

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 34102	Country	Zip	Country		
01042005		Chg-P		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			7. Name and Address of New Registered Agent		
TETZLAFF, NANCY 5841 20TH AVE NW NAPLES, FL 33940			Name Street Address (P.O. Box Number is Not Acceptable) 5841 Spanish Oaks Lane City FL Zip Code 34119		
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 in block of registered agent and filed if applicable. If not, Registered Agent signature required when filing.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TETZLAFF, DAVID 5823 20TH AVE NW NAPLES, FL 34119 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5823 Spanish Oaks Lane	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TETZLAFF, NANCY 5841 20TH AVE NW NAPLES, FL 34119 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5841 Spanish Oaks Lane	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAESE, WARREN 3376 E SMITH RD MEDINA, OH 44256 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TETZLAFF, TIM 605 DEERWOOD AVE GAHANNA, OH 43230 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Nancy Tetzlaff</i> SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-5-05 Daytime Phone 239-262-5409 X/21		