2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 823832

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

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

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 SPANISH OAKS LANE
NAPLES, FL 34119

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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
After May 1, 2007 Fee will be $550.00

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

U00000584861
01/12/07-80055-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	TETZLAFF, DAVID
STREET ADDRESS	5823 SPANISH OAKS LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	PD
NAME	TETZLAFF,NANCY
STREET ADDRESS	5841 SPANISH OAKS LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	TD
NAME	RAESE, WARREN
STREET ADDRESS	3376 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 L. Tetzlaff NANCY L. TETZLAFF 1-11-07 239-262-5409 x121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #