

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 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 34102 US**

Mailing Address
**1590 GOODLETTE RD
NAPLES, FL 34102**



01182008 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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
TETZLAFF, DAVID
5823 SPANISH OAKS LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TETZLAFF, NANCY
5841 SPANISH OAKS LANE
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RAESE, WARREN
3376 E SMITH RD
MEDINA, OH 44256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TETZLAFF, TIM
605 DEERWOOD AVE
GAHANNA, OH 43230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000796736
01/29/08-80045-008 150.00

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IN THIS SPACE**

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 Tetzlaff, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08 740-392-3878
Date Daytime Phone #