

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G41513**

1. Entity Name  
**THE ANIMAL PARK, INC.**



Principal Place of Business  
**5701 GULF BREEZE PKWY  
GULF BREEZE, FL 32563**

Mailing Address  
**5701 GULF BREEZE PKWY  
GULF BREEZE, FL 32563**



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2304767**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EMMANUEL, ROBERT A. / ATTORNEY AT LAW  
30 SOUTH SPRING ST.  
PENSACOLA, FL 32501**

**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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**CTS  
POTTER, JAMES M  
201 RENTZ AVENUE  
PENSACOLA, FL 32507**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PMD  
QUINN, WALTER C  
5701 GULF BREEZE PKWY.  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SWITZER, ROBERT B  
92 HIGHPOINT DRIVE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PULLUM, WILLIAM A  
9271 LILGE CIRCLE  
NAVARRE, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000561965  
05/19/06-80036-024 158.75

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Walter C. Quinn*

*5-3-2006 932-2229*

*or 293-5754 at*