

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
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
**4140 BONWAY DRIVE
PENSACOLA, FL 32504**



03042008 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 <input checked="" type="checkbox"/>	\$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 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	CTS
NAME	POTTER, JAMES M
STREET ADDRESS	201 RENTZ AVENUE
CITY- ST- ZIP	PENSACOLA, FL 32507

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/27/08-80015-011 158.75

**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

850-476-6104
Walter C. Quinn, President Daytime Phone #