

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41513

Entity Name: THE ANIMAL PARK, INC.

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

5701 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

## New Principal Place of Business:

## Current Mailing Address:

4140 BONWAY DRIVE  
PENSACOLA, FL 32504

## New Mailing Address:

FEI Number: 59-2304767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CTS ( ) Delete  
Name: POTTER, JAMES M,  
Address: 201 RENTZ AVENUE  
City-St-Zip: PENSACOLA, FL 32507

Title: PMD ( ) Delete  
Name: QUINN, WALTER C  
Address: 5701 GULF BREEZE PKWY.  
City-St-Zip: GULF BREEZE, FL 32561

Title: VD ( ) Delete  
Name: SWITZER, ROBERT B  
Address: 92 HIGHPOINT DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: PULLUM, WILLIAM A  
Address: 9271 LILGE CIRCLE  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER C. QUINN

PMD

04/01/2009

Electronic Signature of Signing Officer or Director

Date