

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41513

FILED  
Mar 04, 2011  
Secretary of State

Entity Name: THE ANIMAL PARK, INC.

**Current Principal Place of Business:**

5701 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

4140 BONWAY  
GULF BREEZE, FL 32504

**Current Mailing Address:**

4140 BONWAY DRIVE  
PENSACOLA, FL 32504

**New Mailing Address:**

4140 BONWAY  
GULF BREEZE, FL 32504

FEI Number: 59-2304767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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

**OFFICERS AND DIRECTORS:**

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

Title: PMD  
Name: QUINN, WALTER C  
Address: 4140 BONWAY DRIVE  
City-St-Zip: PENSACOLA, FL 32504

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

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

I hereby 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 all other like empowered.

SIGNATURE: WALTER C. QUINN

PMD

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date