

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 016 ****61.25

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1. Entity Name
AMERICAN ANIMAL HUSBANDRY COALITION, INC.



Principal Place of Business
**213 CLIFTON ROAD
CRESCENT CITY, FL 32112 US**

Mailing Address
**213 CLIFTON ROAD
CRESCENT CITY, FL 32112 US**



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040379

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIERA-GOMEZ, ORLANDO
213 CLIFTON ROAD
CRESCENT CITY, FL 32112**

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

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
**PD
CRAWFORD, NEAL
2025 SLOCOMB RD.
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RIERA-GOMEZ, ORLANDO
213 CLIFTON ROAD
CRESCENT CITY, FL 32112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RIERA-GOMEZ, JANET
213 CLIFTON ROAD
CRESCENT CITY, FL 32112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CRAWFORD, CARMELETTA
2025 SLOCOMB RD.
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Janet Riera Gomez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-04 386-698-0914