


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003918	
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
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04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040379	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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	

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04/23/05-80054-006 61.25

**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* **4/21/05** **305 321 8518**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #