


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N02000005523 |  |
| 1. Entity Name MANIACAL MENAGERIE, INC. | |

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| Principal Place of Business 17657 MARSH RD WINTER GARDEN, FL 34787 | Mailing Address 17657 MARSH RD WINTER GARDEN, FL 34787 |
|--|--|



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 59-3728706 | 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

**SUMMER, JUNE F
17657 MARSH RD
WINTER GARDEN, FL 34787**

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAUNDERS, WENDELIN S 17657 MARSH RD WINTER GARDEN, FL 34787 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUMMERS, JUNE F 17657 MARSH RD WINTER GARDEN, FL 34787 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARNOIS, GLORY A 824 CABARET COURT KISSIMMEE, FL 34759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000268531
03/18/05-80047-014 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)(f), 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: June F Summers **JUNE F SUMMERS** 3/15/05 407-656-0638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #