


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 020 ****61.25

DOCUMENT # N0200009548
 1. Entity Name
WILD LIFE OF BOGGY BRANCH, INC.



Principal Place of Business: **24229 N.W. HANNA LANE ALTHA FL 32421**
 Mailing Address: **24229 N.W. HANNA LANE ALTHA FL 32421**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
PEACOCK, ALAN
24229 N.W. HANNA LANE
ALTHA FL 32421

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEACOCK, ALAN	
STREET ADDRESS	24229 NW HANNA LN	
CITY - ST - ZIP	ALTHA FL 32421	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEACOCK, KEITH	
STREET ADDRESS	16104 NE HANNA TOWER RD	
CITY - ST - ZIP	ALTHA FL 32421	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEACOCK, TREY	
STREET ADDRESS	24229 NW HANNA LN	
CITY - ST - ZIP	ALTHA FL 32421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Alan Peacock* **Alan Peacock** 7-12-04 850 762-8160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #