## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003312

CARROW, ED

2538 SILVER STAR RD.

ORLANDO, FL 32804

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA WILDLIFE CONTROL ASSOCIATION, INC.

FILED Sep 21, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2538 SILVER STAR RD. ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 2538 SILVER STAR RD. ORLANDO, FL 32804 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE LAW OFFICES OF HOYT & BRYAN, LLC CARROW, EDWARD N TREAS 251 PLAZA DR., STE. B 2538 SILVÉR STAR RD OVIEDO, FL 32765 US ORLANDO, FL 32804 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: EDWARD N CARROW 09/21/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FELEGI, JOE Name: Name: Address: 4450 WEST SUNRISE BLVD. Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: SIMMONS, MIKE Name: Address: 3381 CARDIGAN CT. Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition WOOTEN, CHRISTY Name: Name: Address: P.O. BOX 1836 Address: City-St-Zip: PALMETTO, FL 34220 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ED CARROW TREA 09/21/2004