

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003937

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: WILD ANIMAL CONTROL AGENCY, INC.

**Current Principal Place of Business:**

6702 WOODSMERE WAY  
FORT PIERCE, FL 34951

**New Principal Place of Business:**

**Current Mailing Address:**

6702 WOODSMERE WAY  
FORT PIERCE, FL 34951

**New Mailing Address:**

FEI Number: 35-2303592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWSON, ROGER  
6702 WOODSMERE WAY  
FORT PIERCE, FL 34951 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEWSON, ROGER  
Address: 6702 WOODSMERE WAY  
City-St-Zip: FORT PIERCE, FL 34951

Title: D ( ) Delete  
Name: WELCH, LISA  
Address: PO BOX 701  
City-St-Zip: THONOTOSASSA, FL 33565

Title: D ( ) Delete  
Name: STEARNS, KATHY  
Address: 36909 BLANTON ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: ARNOLD, SUE  
Address: 14895 N.W. 30TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ROGER NEWSON

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date