

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006163

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ANIMAL CROSSINGS OF FLORIDA, INC.

**Current Principal Place of Business:**

4392 S.W. 52ND TERRACE  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

4392 S.W. 52ND TERRACE  
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number:** 80-0810484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARBSMEIER, CURT L  
5116 SOUTH LAKELAND DRIVE  
LAKELAND, FL 33813 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:** BM  
**Name:** KESZEY, ROBBIE  
**Address:** 4392 S.W. 52ND TERRACE  
**City-St-Zip:** BUSHNELL, FL 33513

**Title:** BM  
**Name:** KESZEY, STEPHEN  
**Address:** 4392 S.W. 52ND TERRACE  
**City-St-Zip:** BUSHNELL, FL 33513

**Title:** BM  
**Name:** RIPPS, JON  
**Address:** 222 ROUTE 59, SUITE 111  
**City-St-Zip:** SUFFERN, NY 10901

I hereby 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 all other like empowered.

**SIGNATURE:** ROBIE KESZEY

BM

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date