

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28618

FILED
Apr 25, 2005
Secretary of State

Entity Name: WILDLIFE INFORMATION SERVICES, INC.

Current Principal Place of Business:

426 - 17TH AVE. N.E.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

10330 S. QUARTERHORSE AVE.
FLORAL CITY, FL 344363855 US

New Mailing Address:

FEI Number: 59-2897858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKER, DEBRA A PRES
10330 S. QUARTERHORSE AVENUE
FLORAL CITY, FL 34436 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: PD () Delete
Name: PARKER, DEBRA A.,
Address: 10330 S. QUARTERHORSE AVENUE
City-St-Zip: FLORAL CITY, FL 34436

Title: ST () Delete
Name: CHAPMAN, JENNIFER
Address: 6419 N.W. 65TH STREET
City-St-Zip: OCALA, FL 34482

Title: VPCT () Delete
Name: LILIENTHAL, DORIS H.,
Address: 5294 W. RANGER STREET
City-St-Zip: BEVERLY HILLS, FL 344654681

Title: AS () Delete
Name: PARKER, STEPHANIE
Address: 10330 S. QUARTERHORSE AVE.
City-St-Zip: FLORAL CITY, FL 344363855

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 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.

SIGNATURE: DEBRA A. PARKER

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date