

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28618

FILED  
May 03, 2006  
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)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: PD (X) Change ( ) Addition  
Name: PARKER, DEBRA A  
Address: 10330 S. QUARTERHORSE AVENUE  
City-St-Zip: FLORAL CITY, FL 34436 38

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 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: DEBRA A. PARKER

PRES

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date