


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003207 1. Entity Name TIGER'S EYE PRODUCTIONS WILDLIFE RESEARCH CENTER, INC.	
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Principal Place of Business 5780 OAK HOLLOW LANE OVIEDO, FL 32765	Mailing Address 5780 OAK HOLLOW LANE OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3203960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCMILLAN, DAVID 5780 OAK HOLLOW LANE OVIEDO, FL 32765

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000051817 02/16/04-90066-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMILLAN, DAVID 5780 OAK HOLLOW LN OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTON, CPA, ROBIN J 462 SABAL TRAIL CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMILLAN, KIRSTEN 5780 OAK HOLLOW LANE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>David McMillan Pres.</u> 2.9.4 407 365 1571	Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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