

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N93000003207

1. Entity Name  
TIGER'S EYE PRODUCTIONS WILDLIFE RESEARCH  
CENTER, INC.



Principal Place of Business  
5780 OAK HOLLOW LANE  
OVIEDO, FL 32765

Mailing Address  
5780 OAK HOLLOW LANE  
OVIEDO, FL 32765



03292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3203960	Applied For 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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11000000000000000000

04/22/08-80030-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MCMILLAN, DAVID
STREET ADDRESS	5780 OAK HOLLOW LN
CITY - ST - ZIP	OVIEDO, FL 32765

TITLE	D
NAME	CASTON, CPA, ROBIN J
STREET ADDRESS	462 SABAL TRAIL CIRCLE
CITY - ST - ZIP	LONGWOOD, FL 32779

TITLE	D
NAME	MCMILLAN, KIRSTEN
STREET ADDRESS	5780 OAK HOLLOW LANE
CITY - ST - ZIP	OVIEDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*David McMillan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.8  
Date

4073655926  
Daytime Phone #