

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

DOCUMENT# N95000005291

**FILED**  
**May 26, 2004**  
**Secretary of State****Entity Name:** MONKEY ANTICS PRIMATES HELPING PRIMATES, INC.**Current Principal Place of Business:**818 OSCEOLA TRAIL  
CASSELBERRY, FL 32707**New Principal Place of Business:**5055 S DALE MABRY HWY  
APT 411  
TAMPA, FL 33611 US**Current Mailing Address:**818 OSCEOLA TRAIL  
CASSELBERRY, FL 32707**New Mailing Address:**5055 S DALE MABRY HWY  
APT 411  
TAMPA, FL 33611 US**FEI Number:** 59-3343940**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSNER, PAUL E  
818 OSCEOLA TRAIL  
CASSELBERRY, FL 32707 US**Name and Address of New Registered Agent:**ROSNER, PAUL E  
5055 S DALE MABRY HWY  
APT 411  
TAMPA, FL 33611 US

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:**

05/26/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PSTD ( ) Delete  
**Name:** ROSNER, PAUL E  
**Address:** 818 OSCEOLA TRAIL  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** VD ( ) Delete  
**Name:** ROSNER, AARON  
**Address:** 818 OSCEOLA TRAIL  
**City-St-Zip:** CASSELBERRY, FL**Title:** D ( ) Delete  
**Name:** WISELTIER, JAY  
**Address:** 818 OSCEOLA TRAIL  
**City-St-Zip:** CASSELBERRY, FL 32707**Title:** D ( ) Delete  
**Name:** HANNON, JOY  
**Address:** 161 S. ROOKS AVE.  
**City-St-Zip:** INVERNESS, FL 33597**Title:** D ( ) Delete  
**Name:** ST. CLAIR, ROBERTA  
**Address:** 2827 S.W. 116TH AVE.  
**City-St-Zip:** WEBSTER, FL 33597**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change ( ) Addition  
**Name:** ROSNER, PAUL E  
**Address:** 5055 S DALE MABRY HWY - #411  
**City-St-Zip:** TAMPA, FL 33611**Title:** VD (X) Change ( ) Addition  
**Name:** ROSNER, AARON  
**Address:** 5055 S DALE MABRY HWY - #411  
**City-St-Zip:** TAMPA, FL 33611**Title:** D (X) Change ( ) Addition  
**Name:** WISELTIER, JAY  
**Address:** 5055 S DALE MABRY HWY - #411  
**City-St-Zip:** TAMPA, FL 33611**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:** PAUL E ROSNER

PSTD

05/26/2004

Electronic Signature of Signing Officer or Director

Date