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

FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90073 042 ****61.25

305-598-1806

1. Entity Name ASPEN SKUNK RABIES RESEARCH, INC.							01.20	
Principal Place 8306 MILLS I PMB 177 MIAMI, FL 33	o'of Business ว่าอยู่กระหา DRIVE และเกิดและ ราย และ เ 3183	Mailing Address 8306 MILLS DRIVE PMB 177 MIAMI, FL 33183		1 100 100 100 100	18/3 88/11 88/4 88/11 8	BIN 1811 KNIL 6118 1814 1814	Birel el legi	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052004 CI	ng-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 65-090391	9		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HENDRICKS, JANE E 8306 MILS DRIVE PMB 177 MIAMI, FL 33183			Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Cod	ie	
C P	named entity submits this statement for					FL		
SIGNATURE _	Signature, typed or plinted name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Florid	DATE ke check payable to a Department of Si	tate	
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTORS IN	1 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDRICKS, JANE 8306 MILLS DR. #177 MIAMI, FL. 33183	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS -CITY-ST-ZIP-	D BLANTON, GIGI 141 ROUNDTREE RD. NORTH AUGUSTA, SC_29841	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CURRY, MERCEDES 1 20 CROSBY CIR. GREENVILLE, 36-29607	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD La Curry, M 1056 fine Rid Laurens, Sc	ercedes ige Rd. 29360	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SD MAMMMONE, KINDRA C/O JANE HENDRICKS,8306 MII MIAMI, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
or the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, a	wered to execute this report a	the exemption stated y signature shalf hav s required by Chapt	l in Section 119.07(3)(i), Fl e the same legal effect as er 617, Florida Statutes; ar	orida Statutes. I f if made under oa nd that my name	urther certify that the inth; that I am an officer appears in Block 10 o	nformation r or director or Block 11 if	