


FILED  
Aug 09, 2004 8:00 am  
Secretary of State

07-12-2004 90019 023 \*\*\*150.00  
08-09-2004 90005 030 \*\*\*400.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000001783</b> 1. Entity Name ANIMAL KINGDOM OF FORT WALTON BEACH, INC.	
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Principal Place of Business 737 BEAL PKWY NW FT WALTON BEACH, FL 32547-3066	Mailing Address 737 BEAL PKWY NW FT WALTON BEACH, FL 32547-3066
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34007021

**DO NOT WRITE IN THIS SPACE**

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3689579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SELF, SHEILA G  
700 MAYFLOWER AVE  
FT WALTON BEACH, FL 32547

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELF, SHEILA G 700 MAYFLOWER AVE FT WALTON BEACH, FL 32547
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Sheila G. Soy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04 850-864-4920  
Date Daytime Phone