2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001783

1. Entity Name
ANIMAL KINGDOM OF FORT WALTON BEACH, INC.

Principal Place of Business	Mailing Address
745 BEAL PARKWAY UNIT #7 FT WALTON BEACH, FL 32547-3066	745 BEAL PARKWAY UNIT #7 FT WALTON BEACH, FL 32547-3066

DO NOT WRITE IN THIS SPACE

02052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3689579	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	SELF, SHEILA G	
STREET ADDRESS	700 MAYFLOWER AVE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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04/17/08-80037-008 150.00

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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 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 Self_   4/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #