


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 013 ***150.00

DOCUMENT # P02000040335	
1. Entity Name RUNNING WOLF CONSERVATORY, INC.	

Principal Place of Business P. O. BOX 1036 PORT RICHEY, FL 34673	Mailing Address P. O. BOX 1036 PORT RICHEY, FL 34673
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2. Principal Place of Business - No P.O. Box # 4117 GARDNER DR	3. Mailing Address PO Box 7478
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT CHARLOTTE, FL	City & State NORTH PORT FL
Zip 33952	Zip 34290
Country USA	Country USA

6. Name and Address of Current Registered Agent FISH, MARK 7139 SEWARD DR. PORT RICHEY, FL 34668	
7. Name and Address of New Registered Agent Name FISH MARK Street Address (P.O. Box Number is Not Acceptable) 4117 GARDNER DR City PORT CHARLOTTE FL Zip Code 33952	

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 Mark Fish MARK FISH	DATE 9/1/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T FISH, CHERI L P/T 7139 SEWARD DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4117 GARDNER DR PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S FISH, MARK A V/S 7139 SEWARD DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4117 GARDNER DR PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark Fish MARK FISH	DATE 9/1/07 DAYTIME PHONE # 941-613-6779