

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90027 004 ***158.75

DOCUMENT # P03000031710

1. Entity Name

WILDLIFE ENTERTAINMENT & EDUCATION, INC.



Principal Place of Business

P.O. BOX 152779
TAMPA FL 33609-1013

Mailing Address

P.O. BOX 152779
TAMPA FL 33609-1013

04020003



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3837 Northdale Blvd

Suite, Apt. #, etc.

Suite 389

City & State

Tampa FL

Zip
33624

Country

1116borough

3. Mailing Address

3837 Northdale Blvd

Suite, Apt. #, etc.

Suite 389

City & State

Tampa FL

Zip
33624

Country

1116borough

4. FEI Number

59-3187014

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, BILL M
550 N. REO STREET
SUITE 300
TAMPA FL 33609-1013

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

813-223-5658

Daytime Phone #