

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 020 ***158.75

DOCUMENT # P04000023400

1. Entity Name

FLORIDA LICENSED WILDLIFE TRAPPERS INC.



Principal Place of Business

124 SO FEDERAL HWY STE 1
POMPANO BEACH FL 33062

Mailing Address

124 SO FED HWY
STE 1
POMPANO BEACH FL 33062



2. Principal Place of Business

4699 N. FEDERAL HWY
POMPANO BEACH, FL 33064

3. Mailing Address

4699 N. FEDERAL HWY
POMPANO BEACH, FL 33064

Suite, Apt. #, etc.

102 D

Suite, Apt. #, etc.

102 D

1st MOORE

CR2E034 (10/05)

City & State

POMPANO BCH, FL 33064

City & State

POMPANO BCH, FL 33064

4. FEI Number

20-0701556

Applied For

Not Applicable

Zip

33064

Country

FLORIDA

Zip

33064

Country

FLORIDA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOEB, ROBERT

124 SO FED HWY

STE 1

POMPANO BEACH FL 33062

Name

LOEB, ROBERT

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

4699 N. FEDERAL HWY

STE 102 D

City

POMPANO BCH

FL

Zip Code

33064

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

CHANGE OF OFFICE ADDRESS ONLY

ROBERT LOEB

Robert Loeb 2/6/06

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOEB, ROBERT	
STREET ADDRESS	124 SO FED HWY STE 1	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ROBERT LOEB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 954-643-7015

Date

Daytime Phone #