

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90034 025 \*\*\*150.00

**DOCUMENT # P05000063821**

1. Entity Name  
WILD MAN INK, INC.



Principal Place of Business

764 S. SILVER LAKE  
FOUNTAIN, FL 32438

Mailing Address

764 S. SILVER LAKE  
FOUNTAIN, FL 32438

00000000



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2919778

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

YARBROUGH, JIMMIE J.  
764 S. SILVER LAKE  
FOUNTAIN, FL 32438

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	YARBROUGH, JIMMIE J.
STREET ADDRESS	764 S. SILVER LAKE
CITY-ST-ZIP	FOUNTAIN, FL 32438
TITLE	DVP
NAME	EMANUEL, MICHAEL A.
STREET ADDRESS	764 S. SILVER LAKE
CITY-ST-ZIP	FOUNTAIN, FL 32438
TITLE	DS
NAME	FACIANE, TAMMY
STREET ADDRESS	764 S. SILVER LAKE
CITY-ST-ZIP	FOUNTAIN, FL 32438
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #