2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000091166

1. Entity Name
BORN AGAIN TAXIDERMY, INC.

Principal Place of Business	Mailing Address
11918 NE US 301 WALDO, FL 32694	11918 NE US 301 WALDO, FL 32694

DO NOT WRITE IN THIS SPACE

01252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3058228	Not Applicable

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

6. Name and Address of Current Registered Agent

DRUMMOND, DONALD L EA
263 N TEMPLE AVENUE
STARKE, FL 32091

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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 *Donald M. Schenck Jr*   DONALD M. SCHENCK JR,   1/30/07

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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHENCK, DONALD M
STREET ADDRESS	11918 NE US 301
CITY-ST-ZIP	WALDO, FL 32694

TITLE	VP
NAME	SCHENCK, BARBARA E
STREET ADDRESS	11918 NE US 301
CITY-ST-ZIP	WALDO, FL 32694

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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02/07/07-80042-024 150.00

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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: *Donald M. Schenck*   DONALD M. SCHENCK JR   1/30/07   (352)468-2782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #