

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160988

FILED
Feb 20, 2007
Secretary of State

Entity Name: PARKS AND WILDLIFE SERVICES FLORIDA, INC.

Current Principal Place of Business:

PO BOX 12873
TALLAHASSEE, FL 32317

New Principal Place of Business:

3520-B N. MONROE ST.
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 12873
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-3997214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDY, WILLIAM
416 COLLINSFORD RD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHM () Delete
Name: FOWLER, JAMES
Address: 763 SILVERMINE RD
City-St-Zip: NEW CAANAN, CT 06840

Title: P () Delete
Name: HARDY, WILLIAM
Address: PO BOX 12873
City-St-Zip: TALLAHASSEE, FL 32317

Title: V () Delete
Name: ROOSE, WILLIAM
Address: 10619 MASON RD
City-St-Zip: BERLIN HTS, OH 44814

Title: S () Delete
Name: ROOSE, SHARON
Address: 10619 MASON RD
City-St-Zip: BERLIN HTS, OH 44814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HARDY

P

02/20/2007

Electronic Signature of Signing Officer or Director

Date