

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90086 039 \*\*\*150.00

DOCUMENT # P06000060442

1. Entity Name

AVICULTURAL CARE & NUTRITIONAL RESEARCH, INC.



Principal Place of Business

304 GROVE LAKE DRIVE  
AUBURNDALE FL 33823

Mailing Address

304 GROVE LAKE DRIVE  
AUBURNDALE FL 33823



2. Principal Place of Business - No P.O. Box #

2304 Grove Lake Dr.  
Suite, Apt. #, etc.

3. Mailing Address

2304 Grove Lake Dr.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lake Alfred, FL  
Zip 33850 Country

City & State

Lake Alfred, FL  
Zip 33850 Country

4. FEI Number

54-1807271

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, GLENN M  
304 GROVE LAKE DRIVE  
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

Glenn M. Reynolds

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

2304 Grove Lake Dr.

City

Lake Alfred

FL

Zip Code 33850

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

Glenn M. Reynolds - President

Glenn Reynolds

2-1-07

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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	D REYNOLDS, GLENN M 304 GROVE LAKE DRIVE AUBURNDALE FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Glenn M Reynolds 2304 Grove Lake Dr. Lake Alfred, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Glenn Reynolds

2-1-07

803-956-5064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #