2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P14258

1. Entity Name
WILDLIFE ACTION, INC.

Principal Place of Business	Mailing Address
405 N. MAIN ST. MULLINS, SC 29574 US	P.O. BOX 866 MULLINS, SC 29574-0543 US

01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0044167
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKS, BARBARA
308 ALLIN AVE
OVIEDO, FL 32765

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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 X M Gault Beeson 1-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

U00000778714
01/11/08-80007-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEESON, M. GAULT, JR.
STREET ADDRESS	1101 SANDY BLUFF RD.
CITY-ST-ZIP	MULLINS, SC
TITLE	V
NAME	FLOYD, JOHNNY R
STREET ADDRESS	402 SOUTH MAIN STREET
CITY-ST-ZIP	MULLINS, SC
TITLE	D
NAME	FISHER, BRIAN
STREET ADDRESS	P.O. BOX 411
CITY-ST-ZIP	MULLINS, SC 29574
TITLE	D
NAME	MCDANIEL, KENNY
STREET ADDRESS	4130 DOUBLE LOOP
CITY-ST-ZIP	MULLINS, SC 29574
TITLE	D
NAME	SIMPSON, TOMMY
STREET ADDRESS	P.O. BOX 865
CITY-ST-ZIP	MULLINS, SC 29574
TITLE	D
NAME	STROUD, CARL
STREET ADDRESS	7517 E. HWY 76
CITY-ST-ZIP	MULLINS, SC 29574

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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 617, 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: X M Gault Beeson