

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90377 015 ***150.00

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1. Entity Name

WILDLIFE SCULPTURES, INC.



Principal Place of Business

209 THORNTON DR
PALM BEACH GARDENS FL 33418

Mailing Address

209 THORNTON DR
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

8097 SW YACHTSMANS DR.
Suite, Apt. #, etc.

3. Mailing Address

8097 SW YACHTSMANS DR.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

STUART FL

City & State

STUART FL

4. FEI Number

65-0491304

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARGIULO, LORRAINE
209 THORNTON DR
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name LORRAINE GARGIULO
Street Address (P.O. Box Number is Not Acceptable)
8097 SW YACHTSMANS DR.
City STUART FL 34997

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

LORRAINE GARGIULO Lorraine Gargiulo 4/12/04
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, 2004 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 PARG ☐ Delete
NAME GARGIULO, ANTHONY J
STREET ADDRESS 209 THORNTON DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ST ☐ Delete
NAME GARGIULO, LORRAINE
STREET ADDRESS 209 THORNTON DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ANTHONY GARGIULO
STREET ADDRESS 8097 SW YACHTSMANS DR
CITY-ST-ZIP STUART FL 34997

TITLE SECY/TREAS ☒ Change ☐ Addition
NAME LORRAINE GARGIULO
STREET ADDRESS 8097 SW YACHTSMANS DR
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

LORRAINE GARGIULO Lorraine Gargiulo (772) 287-9549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #