

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # **P94000033333**



1. Entity Name  
**WILDLIFE SCULPTURES, INC.**

Principal Place of Business  
**8097 SW YACHTSMANS DRIVE  
 STUART FL 34997  
 US**

Mailing Address  
**8097 SW YACHTSMANS DRIVE  
 STUART FL 34997  
 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0491304**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARGIULO, LORRAINE  
 8097 SW YACHTSMANS DR  
 STUART FL 34997**

Name

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

City

**FL**

Zip Code

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

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  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P**  Delete  
 NAME: **GARGIULO, ANTHONY J**  
 STREET ADDRESS: **8097 SW YACHTSMANS DR**  
 CITY-ST-ZIP: **STUART FL 34997**

TITLE:  Change  Addition  
 NAME: **000000635059**  
 STREET ADDRESS: **02/22/07-80037-010 150.00**  
 CITY-ST-ZIP:

TITLE: **ST**  Delete  
 NAME: **GARGIULO, LORRAINE**  
 STREET ADDRESS: **8097 SW YACHTSMANS DR**  
 CITY-ST-ZIP: **STUART FL 34997**

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
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TITLE:  Delete  
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TITLE:  Delete  
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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 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: *Lorraine Gargiulo* **LORRAINE GARGIULO** 2/14/07 772-287-9549  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #