

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000029268

1. Entity Name
FLORIDA WILDLIFE UNLIMITED, INC.



Principal Place of Business
**1203 HIGHWAY 17 SOUTH
WAUCHULA, FL 33873**

Mailing Address
**P O BOX 2523
WAUCHULA, FL 33873**

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0656062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCKIBBEN, JEFF J
106 SOUTH FIFTH AVENUE STE B
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ROBERT R JR.
STREET ADDRESS	1203 HIGHWAY 17, SOUTH
CITY - ST - ZIP	WAUCHULA, FL 33873

TITLE	VSD
NAME	DURRANCE, RONALD L
STREET ADDRESS	3632 W MAIN ST
CITY - ST - ZIP	WAUCHULA, FL 33873

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000365266
05/12/05-80004-002 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert B. Smith Jr. Robert R. Smith Jr. 5-5-05 863-781-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #