2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 10

Feb 06, 2004 8:00 am Secretary of State DOCUMENT # P96000048035 1. Entity Name 02-06-2004 90018 047 ***150.00 BORN TO BE WILD, INC. Principal Place of Business Mailing Address 1100 SIXTH AVE SO 1100 SIXTH AVE SO STE #5 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0672118 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICHARD WOOD WOOD, RICHARD Street Address (P.O. Box Number is Not Acceptable) 799 ASHBURTON DRIVE NAPLES FL 34110 GTH AVE, SO . STE# 5 Zip Code 34102 NAFLES 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** typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE TITLE ☐ Defete ☐ Addition WOOD, JAN M. CO BORD TO BE WILD FIRE. 1100 GTHAVE. S. STC. HSC. NAPLES, FL 34102 WOOD, JAN M NAME NAME STREET ADDRESS 799 ASHBURTON DRIVE STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP O WOOD, RICHARD P. O BORN TO BE WILD FIX. O BORN TO BE WILD FIX. TITLE D ☐ Delete TITLE K Change ☐ Addition WOOD, RICHARD P NAME STREET ADDRESS 799 ASHVURTON DRIVE STREET ADDRESS SOIPE, FT. 23JAGO NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

BICHARD WOOD

FILED

239-261-0560