

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 049 ***158.75

DOCUMENT # S25397

1. Entity Name
ZOO WORLD, INC.



Principal Place of Business
**9008 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407**

Mailing Address
**9008 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3092735

Applied For

No, Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ISLER, CHARLES S
434 MAGNOLIA AVENUE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

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 terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NOLAND, THOMAS F**
STREET ADDRESS **4141 WALL STREET**
CITY-STATE-ZIP **MONTGOMERY, AL 36104**

TITLE **V** ☐ Delete
NAME **WILLIAMS, RICHARD E**
STREET ADDRESS **2616 E 17TH STREET**
CITY-STATE-ZIP **PANAMA CITY, FL 32405**

TITLE **P** ☒ Delete
NAME **BRYD, H.P.**
STREET ADDRESS **57 INDIANGRASS LN**
CITY-STATE-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P T** ☐ Change ☒ Addition
NAME **BYRD, MARY M**
STREET ADDRESS **4 wedgewood CT.**
CITY-STATE-ZIP **ARDEN, NC 28704**

TITLE **D** ☐ Change ☒ Addition
NAME **BYRD, JEFFERY**
STREET ADDRESS **172 MISTLETOE LANE**
CITY-STATE-ZIP **HOPE HALL, AL 36043**

TITLE **D** ☐ Change ☒ Addition
NAME **BYRD, CHRISTOPHER**
STREET ADDRESS **104 SMOKEY QUARTZ DR.**
CITY-STATE-ZIP **MADISON, AL 35757**

TITLE **D** ☐ Change ☒ Addition
NAME **BYRD, BRIAN**
STREET ADDRESS **4 wedgewood CT.**
CITY-STATE-ZIP **ARDEN, NC 28704**

TITLE **V** ☒ Change ☐ Addition
NAME **WILLIAMS, RICHARD E**
STREET ADDRESS **5617 THELMA AVE**
CITY-STATE-ZIP **PANAMA CITY, FL 32404**

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

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 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: Richard E. Williams Richard E. Williams 3/28/08 850 230 1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date