




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 017 ***150.00

DOCUMENT # S67204 1. Entity Name ZOO CREW OF GAINESVILLE, INC.					
Principal Place of Business 7750 W. NEWBERRY ROAD GAINESVILLE, FL 32606 US			Mailing Address 4613 OAK HAMMOCK CT HARBOUR VILLAGE PONCE INLET, FL 32127 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02162005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3072168		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 REGAN, DONALD J. HARBOUR VILLAGE 5613 OAK HAMMOCK CT PONCE INLET, FL 32127	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4613 OAK HAMMOCK COURT City PONCE INLET FL Zip Code 32127-2223					
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REGAN, DONALD J 4421 N.W. 36 DRIVE GAINESVILLE, FL 326055424 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4613 OAK HAMMOCK CT. PONCE INLET FL. 32127-2223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST REGAN, LAURE K 4421 N.W. 36 DRIVE GAINESVILLE, FL 326055424 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DT DONALD T. REGAN II 4613 OAK HAMMOCK CT PONCE INLET, FL. 32127-2223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AKEY, MICHAEL J 941 NW 118 TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DV 10827 SW 17 LANE GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AKEY, MELISSA 941 NW 118 TERR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS 10827 SW 17 LANE GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ELLIOTT, MAURICE 75-29 SW 7 PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAS 230 SE 50th STREET GAINESVILLE, FL 32641	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT GENSER, DINO 507 NW 39RD #138 GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAT 4608 NW 41 STREET GAINESVILLE, FL 32606	
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: 			3/15/05 386-788-0604		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		