

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90352 043 \*\*\*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**

**60029282**



2. Principal Place of Business

3. Mailing Address

**401 N.W. 39 ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. C**

02102006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Gainesville, FL**

4. FEI Number

**59-3072168**

Applied For

Not Applicable

Zip

Country

Zip

**32607**

Country

**USA**

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

**REGAN, DONALD J.  
4613 OAK HAMMOCK COURT  
PONCE INLET, FL 32127-2221**

Name

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

**401 N.W. 39 ROAD STE. C**

City

**Gainesville**

FL

Zip Code

**32607**

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, 2006 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
REGAN, DONALD J.  
4613 OAK HAMMOCK CT  
PONCE INLET, FL 321272223** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**401 NW 39 ROAD STE. C  
Gainesville FL 32607** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
REGAN, DONALD J II  
4613 OAK HAMMOCK CT  
PONCE INLET, FL 32127223** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**401 NW 39 ROAD STE. C  
Gainesville, FL 32607** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
AKEY, MICHAEL J  
10827 SW 17 LANE  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
AKEY, MELISSA  
10827 SW 17 LANE  
GAINESVILLE, FL 32607** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAS  
ELLIOTT, MAURICE  
230 SE 50TH STREET  
GAINESVILLE, FL 32641** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAT  
GENSER, DINO  
4608 NW 41 STREET  
GAINESVILLE, FL 32606** ☐ Delete

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

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: **Donald J. Regan**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**4-20-06 386-689-0883**

Date

Daytime Phone #