

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90300 015 ***150.00

DOCUMENT # V43491

1. Entity Name

WILDLIFE UNLIMITED, INC.



Principal Place of Business

9 GIPSON PL
FORT WALTON BEACH FL 32548

Mailing Address

9 GIPSON PL
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

381 WEST MIRACLE STRIP

Suite, Apt. #, etc.

City & State

MARY ESTHER, FL

Zip

32569

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3188188

Applied For

Not Applicable

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

Name

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

381 WEST MIRACLE STRIP

City

MARY ESTHER FL 32569

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME BRUNER, MAXWELL J
STREET ADDRESS 9 GIPSON PLACE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☒ Change ☐ Addition
NAME 381 WEST MIRACLE STRIP
STREET ADDRESS MARY ESTHER, FL 32569
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS RITA RUCKEL
CITY-ST-ZIP 381 WEST MIRACLE STRIP
MARY ESTHER, FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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.

SIGNATURE: *x Maxwell J Bruner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 850/243-7828

Date

Daytime Phone #