

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004058

Entity Name: ANIMAL NETWORK INC.

Current Principal Place of Business:

1705 58H AVE DR W
BRADENTON, FL 34207

Current Mailing Address:

610 IXORA AVE
ELLENTON, FL 34222 US

FEI Number: 59-3591574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, LAURIE
1705 58H AVE DR W
BRADENTON, FL 34207 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CRAWFORD, LAURIE
Address 1705 58H AVE DR W
City-State-Zip: BRADENTON FL 34207

Title T/D
Name CRAWFORD, WENDY
Address 9217 29TH ST EAST
City-State-Zip: PARRISH FL 34219

Title VP/D
Name KOLZE, SUE
Address 610 IXORA AVE
City-State-Zip: ELLENTON FL 34222

Title SEC
Name SAMPSON, JOANNE
Address 2830 33RD AVE DR W
City-State-Zip: BRADENTON FL 34205

Title BOD
Name BOYER, RITA
Address 1201 42ND ST W
City-State-Zip: BRADENTON FL 34205

Title BOD
Name STARR, DEBRA
Address 4523 PALMETTO POINT DR
City-State-Zip: PALMETTO FL 34221

Title BOD-BUSINESS DEV
Name HUTCHISON, WILLIAM L+++++
Address 748 OAKFORD DRIVE
City-State-Zip: SARASOTA FL 34240

Title BOD
Name WALRAVEN, SCOTT A
Address 3104 48TH AVENUE DRIVE WEST
City-State-Zip: BRADENTON FL 34207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY J CRAWFORD

TREASURER/D

03/05/2016

Electronic Signature of Signing Officer/Director Detail

Date