

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000082767

**Entity Name:** EXPRESSIONS OF WILDLIFE TAXIDERMY, INC.

**Current Principal Place of Business:**

8929 PENSACOLA BLVD  
PENSACOLA, FL 32534

**Current Mailing Address:**

8929 PENSACOLA BLVD  
PENSACOLA, FL 32534 US

**FEI Number: 81-4084403**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DARVILLE, VALERIE  
9060 BOWMAN AVENUE  
PENSACOLA, FL 32534 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 P  
Name DARVILLE, KENNETH  
Address 8929 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

Title TREA  
Name DARVILLE, KENNETH  
Address 8929 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

Title SEC  
Name DARVILLE, KENNETH  
Address 8929 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

Title VP  
Name DARVILLE, KENNETH  
Address 8929 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

Title DIR  
Name DARVILLE, KENNETH  
Address 8929 PENSACOLA BLVD  
City-State-Zip: PENSACOLA FL 32534

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KENNETH DARVILLE**

**PRESIDENT**

**04/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date