#### **2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000082767

Entity Name: EXPRESSIONS OF WILDLIFE TAXIDERMY, INC.

FILED
Jun 13, 2020
Secretary of State
0094981596CC

## **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: No

# 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 Title TREA

NameDARVILLE, KENNETHNameDARVILLE, KENNETHAddress8929 PENSACOLA BLVDAddress8929 PENSACOLA BLVDCity-State-Zip:PENSACOLA FL 32534City-State-Zip:PENSACOLA FL 32534

Title SEC Title VP

NameDARVILLE, KENNETHNameDARVILLE, KENNETHAddress8929 PENSACOLA BLVDAddress8929 PENSACOLA BLVDCity-State-Zip:PENSACOLA FL 32534City-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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

06/13/2020