

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004115

1. Entity Name
SAFARI TODD WILDLIFE PRODUCTIONS, INC.



Principal Place of Business
**26205 E. COLONIAL DRIVE
CHRISTMAS, FL 32709**

Mailing Address
**4983 BROOK ROAD
KISSIMMEE, FL 34758**

DO NOT WRITE IN THIS SPACE



05032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0448912

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAWKSWORTH, ALAN
4983 BROOK ROAD
KISSIMMEE, FL 34758**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKSWORTH, ALAN 4983 BROOK ROAD KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAWKSWORTH, LYNNE 4983 BROOK ROAD KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREVER, DAWN 461 AMERICANA BLVD N W PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DREVER, DAWN 461 AMERICANA BLVD NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/29/07-80003-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/07

Date

Daytime Phone # _____