2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006873

1. Entity Name
PAWS OF STEINHATCHEE, INC.

Principal Place of Business	Mailing Address
1634 PINE TREE RD STEINHATCHEE, FL 32359	PO BOX 974 STEINHATCHEE, FL 32359

01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748716
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAINS, KATHERINE
1634 PINE TREE RD
STEINHATCHEE, FL 32359

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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 May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAINS, KATHERINE
STREET ADDRESS	1634 PINE TREE RD
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	D
NAME	GLASS, PEGGY
STREET ADDRESS	P O BOX 440
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	S
NAME	FRITSCH, SHARON
STREET ADDRESS	PO BOX 512
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	D
NAME	QUIETTE, LEA
STREET ADDRESS	HCI BOX 40
CITY-ST-ZIP	SALEM, FL 323569704
TITLE	P
NAME	DAVIS, BETSY
STREET ADDRESS	463 KINGS CREEK CIR
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	T
NAME	DAVIS, BETTY
STREET ADDRESS	463 KINGS CREEK CIR
CITY-ST-ZIP	STEINHATCHEE, FL 32359

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01/26/05-80004-022 61.25

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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 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: Betsy Davis 01-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #