

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156332

Entity Name: 4 PAWS N CLAWS, INC.

FILED  
Sep 08, 2007  
Secretary of State

**Current Principal Place of Business:**

1401 30TH ST W  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

1401 30TH ST W  
BRADENTON, FL 34205

**New Mailing Address:**

P. O. BOX 320  
BRADENTON, FL 34206

FEI Number: 20-8100552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERRICONE, RENEE  
1401 30TH ST W  
BRADENTON, FL 34205 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: FOURNIER, KRISTIN  
Address: 135 44TH ST NW  
City-St-Zip: BRADENTON, FL 34209

Title: DVT ( ) Delete  
Name: PERRICONE, RENEE  
Address: 1401 30TH ST  
City-St-Zip: WEST BRADENTON, FL 34205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RENEE PERRICONE

DVT

09/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date