

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156332

Entity Name: 4 PAWS N CLAWS, INC.

FILED
Jul 11, 2008
Secretary of State

Current Principal Place of Business:

1401 30TH ST W
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 320
BRADENTON, FL 34206

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

07/11/2008

Electronic Signature of Signing Officer or Director

_____ Date