

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004344

**Entity Name:** PUTTS FOR MUTTS, INC.

**Current Principal Place of Business:**

100 7TH ST S  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

100 7TH ST S  
ST PETERSBURG, FL 33701

**FEI Number: 46-2832148**

**Certificate of Status Desired: No**

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

HATFIELD, MATTHEW A ESQ  
333 3RD AVENUE NORTH  
SUITE 200  
ST. PETERSBURG, FL 33701 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 DP  
Name WENDKOS, ZACH  
Address 100 7TH ST S  
City-State-Zip: ST PETERSBURG FL 33701

Title DVP  
Name FACKLER, JASON  
Address 210 5TH AVE S UNIT 409  
City-State-Zip: ST PETERSBURG FL 33701

Title DS  
Name KHAKOULA, ORYSIA  
Address 524 51ST AVE N  
City-State-Zip: ST PETERSBURG FL 33703

Title DT  
Name WITTGENSTEIN, ARIANA  
Address 1121 49TH AVE N  
City-State-Zip: ST PETERSBURG FL 33703

Title D  
Name GUARCELLO, LAWRENCE  
Address 10810 CARROLLWOOD DR  
City-State-Zip: TAMPA FL 33618

Title D  
Name THOMAS, RACHEL  
Address 106 20TH AVE N  
City-State-Zip: ST PETERSBURG FL 33704

Title D  
Name MASTERSON, KYLE  
Address 106 20TH AVE N  
City-State-Zip: ST PETERSBURG FL 33704

Title D  
Name BAYNE, ZACH  
Address 202 SOUTH ROME AVENUE  
SUITE 100  
City-State-Zip: TAMPA FL 33606

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ZACH WENDKOS**

**PRESIDENT**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name BAYNE, AMELIA  
Address 436 45TH AVE. NE  
City-State-Zip: ST. PETERSBURG FL 33703