

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000081428

**Entity Name:** PAWSOME TREATS, INC.

**Current Principal Place of Business:**

12888 SE US HIGHWAY 441  
B99 AND B103  
BELLEVIEW,, FL 34420

**Current Mailing Address:**

17749 SE 96TH CT  
SUMMERFIELD, FL 34491 US

**FEI Number: 05-0602341**

**Certificate of Status Desired:** No

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

OLSON, JAMES APRES  
17749 SE 96TH CT  
SUMMERFIELD, FL 34491 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            PRES  
Name            OLSON, JAMES APRES  
Address        17749 SE 96TH CT  
City-State-Zip: SUMMERFIELD FL 34491

Title            VP  
Name            OLSON, JAYNE DVP  
Address        17749 SE 96TH CT  
City-State-Zip: SUMMERFIELD FL 34491

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

**SIGNATURE: JAYNE D OLSON**

**VICE PRESIDENT**

**04/02/2014**

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

\_\_\_\_\_  
Date