

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758434

Entity Name: LITTLE PAWS MINI-SHELTER, INC.

FILED  
Feb 26, 2004  
Secretary of State

## Current Principal Place of Business:

14898 56TH STREET  
CLEARWATER, FL 346202616

## New Principal Place of Business:

15272 AVALON AVENUE  
CLEARWATER, FL 34670

## Current Mailing Address:

14898 56TH STREET  
CLEARWATER, FL 346202616

## New Mailing Address:

15272 AVALON AVENUE  
CLEARWATER, FL 34670

FEI Number: 59-2122933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIMLER, ELEANOR  
14898 56TH STREET  
CLEARWATER, FL 33520 US

## Name and Address of New Registered Agent:

CACCIAMANI, C. RAE  
15272 AVALON AVENUE  
CLEARWATER, FL 34670 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: C. RAE CACCIAMANI

02/26/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIMLER, ELEANOR,  
Address: 14898 56TH STREET  
City-St-Zip: CLEARWATER, FL 33768

Title: STD ( ) Delete  
Name: CROCKETT, LAUREN,  
Address: 1999 ELLIOTT DR.  
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete  
Name: CACCIAMANI, CARMEN,  
Address: 14898 56TH STREET  
City-St-Zip: CLEARWATER, FL 33760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CACCIAMANI, C. RAE,  
Address: 15272 AVALON AVE.  
City-St-Zip: CLEARWATER, FL 33760

Title: STD (X) Change ( ) Addition  
Name: CROCKETT, LAUREN,  
Address: 1999 ELLIOTT DR.  
City-St-Zip: CLEARWATER, FL 33716

Title: VD (X) Change ( ) Addition  
Name: ROBYN FORRESTER,  
Address: 15245 AVALON AVE.  
City-St-Zip: CLEARWATER, FL 33760

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

SIGNATURE: C.RAE CACCIAMANI

PD

02/26/2004

Electronic Signature of Signing Officer or Director

Date