## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003543

Address:

City-St-Zip:

2825 LOGAN DRIVE

PENSACOLA, FL 32503

Entity Name: PAWS AND CLAWS PET CLUB, LTD. INC.

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2825 LOGAN DRIVE PENSACOLA, FL 32503 **Current Mailing Address: New Mailing Address:** 92 FRANKLIN ST SUITE 204 ANNAPOLIS, MD 214012744 FEI Number: 26-0325384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOESTA, DOUGLAS M 2825 LOGAN DRIVE PENSACOLA, FL 32503 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition PRATT, HARRY E Name: Name: PRATT, HARRY E 2560 B PATHWAY PLACE 2560 B PATHWAY PLACE Address: Address: City-St-Zip: MOBILE, AL 36606 City-St-Zip: MOBILE, AL 36606 Title: DS Title: () Delete () Change () Addition Name: MANGER, WILLIAM H Name: 92 FRAKLIN STREET SUITE 204 Address: Address: ANNAPOLIS, MD 21401 City-St-Zip: City-St-Zip: Title: Title: DT ( ) Delete () Change () Addition MILLER, S. GORDON Name: Name: 293 SUNDOWN DRIVE Address: Address: City-St-Zip: FARMINGTON, AR 72730 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MOESTA, DOUGLAS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: HARRY E PRATT CB 04/29/2009