2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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1. Entity Name
PETS ARE WONDERFUL SUPPORT (P.A.W./MAINE) INC.

Principal Place of Business	Mailing Address
1901 FOGARTY AVE. KEY WEST, FL 33041-4819	P.O. BOX 4819 KEY WEST, FL 33041-4819

04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0492999
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT, W. MICHAEL
1901 FOGARTY AVE.
KEY WEST, FL 33041-4819

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W. Michael Vincent W. MICHAEL VINCENT 4-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000124406
04/22/04-80044-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	VINCENT, W. MICHAEL
STREET ADDRESS	1901 FOGARTY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VCVP
NAME	BLANCHETTE, TRISH
STREET ADDRESS	528 PETRONIA ST.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	KESSINGER, CHUCK
STREET ADDRESS	1901 FOGARTY AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DST
NAME	GALLAHERZ, ROBERT
STREET ADDRESS	301 N. BIRCH RD 1N
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Michael Vincent W. MICHAEL VINCENT 4-20-04 305-296-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #