

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F99000001560	
1. Entity Name PETS ARE WONDERFUL SUPPORT (P.A.W./MAINE) INC.	

Principal Place of Business 1901 FOGARTY AVE. KEY WEST, FL 33041-4819	Mailing Address P.O. BOX 4819 KEY WEST, FL 33041-4819
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DO NOT WRITE IN THIS SPACE

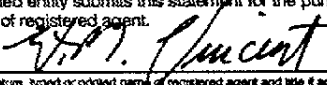


04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0492999	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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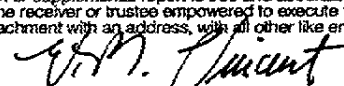
6. Name and Address of Current Registered Agent VINCENT, W. MICHAEL 1901 FOGARTY AVE. KEY WEST, FL 33041-4819	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 	W. MICHAEL VINCENT	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	U000000124406 04/22/04-80044-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VINCENT, W. MICHAEL 1901 FOGARTY AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BLANCHETTE, TRISH 528 PETRONIA ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSINGER, CHUCK 1901 FOGARTY AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GALLAHERZ, ROBERT 301 N. BIRCH RD 1N 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	4-20-04	305-296-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #