2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# N02000004935

Entity Name: PANAMA CITY BEACH PAWS & CLAWS, INC.

Current Principal Place of Business:

7300 SOUTH LAGOON DRIVE
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

PO BOX 7412
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 14-1839943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CILBRITH, LINDA
7300 SOUTH LAGOON DRIVE
PANAMA CITY, FL 32408 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	CILBRITH, LINDA	
Address:	7300 S LAGOON DR	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	DT	( ) Delete
Name:	HEPPE, DALE	
Address:	1801 ECHO LANE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	COVINGTON, JUDY	
Address:	6111 HILLTOP AVE	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	DS	( ) Delete
Name:	HEPPE, KIM	
Address:	1801 ECHO LANE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	D	( ) Delete
Name:	WATSON, FLO	
Address:	16233 E LULLWATER DR	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	D	( ) Delete
Name:	GUERRA, BETTY	
Address:	21707 PALM AVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE HEPPE DT 02/20/2007

Electronic Signature of Signing Officer or Director — Date