

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 049 ****61.25

DOCUMENT # N02000004935

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



Principal Place of Business
**7300 SOUTH LAGOON DRIVE
PANAMA CITY, FL 32408**

Mailing Address
**PO BOX 7412
PANAMA CITY BEACH, FL 32413**



02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1839943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CILBRITH, LINDA
STREET ADDRESS	7300 S LAGOON DR
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	DT
NAME	ALEXANDRA WESTGATE
STREET ADDRESS	603 W 17TH ST
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	COVINGTON, JUDY
STREET ADDRESS	6111 HILLTOP AVE
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	DS
NAME	HEPPE, KIM
STREET ADDRESS	1801 ECHO LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	WATSON, FLO
STREET ADDRESS	16233 E LULLWATER DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D
NAME	GUERRA, BETTY
STREET ADDRESS	21707 PALM AVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-08 850 914-9119