2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009259

Entity Name: SERVICE PAWS FOR GREATER MOBILITY, INC.

FILED May 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 357508 GAINESVILLE, FL 326357508 **Current Mailing Address: New Mailing Address:** PO BOX 357508 GAINESVILLE, FL 326357508 FEI Number: 06-1663960 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: KOVAL, CHARLES B 10212 SW 17TH PLACE GAINESVILLE, FL 32607 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NESBITT, ELIZABETH Name: Name: 7086 N W 52ND TER Address: Address: City-St-Zip: GAINESVILLE, FL 32693 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KOVAL, CHARLES Name: Address: 10212 SW 17TH PL Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROWN, LINDA G Name: SABATELLA, VICKIE Name: 5140 S W 92ND CRT Address: Address: 4401 SW 31ST TERRACE City-St-Zip: GAINESVILLE, 32 32608 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: (X) Change () Addition GOLDMAN, RICHARD A DVM Name: GOLDMAN, RICHARD A DVM Name: 4209 N W 37TH PLACE Address: 4209 N W 37TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606 US Title: () Delete Title: () Change (X) Addition BECNEL, LINDA Name: Name: 10708 SW 90TH COURT Address: Address: GAINESVILLE, FL 32608 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MCDILDA, DIANE Name: Name: Address: Address: PO BOX 357508 GAINESVILLE, FL 32635 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES KOVAL D 05/08/2004

STEVEN ZOLNER PO BOX 357508 GAINESVILLE, FL 32635

REBECCA MCLUSKEY DIRECTOR PO BOX 357508 GAINESVILLE, FL 32635

PEPE PERUYERO DIRECTOR PO BOX 769 HIGH SPRINGS, FL 32655