

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009259

FILED
Apr 29, 2005
Secretary of State

Entity Name: SERVICE PAWS FOR GREATER MOBILITY, INC.

Current Principal Place of Business:

PO BOX 357508
GAINESVILLE, FL 326357508

New Principal Place of Business:

Current Mailing Address:

PO BOX 357508
GAINESVILLE, FL 326357508

New Mailing Address:

FEI Number: 06-1663960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
10212 SW 17TH PLACE
GAINESVILLE, FL 32607 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: D () Delete
Name: NESBITT, ELIZABETH
Address: 7086 N W 52ND TER
City-St-Zip: GAINESVILLE, FL 32693

Title: D () Delete
Name: KOVAL, CHARLES
Address: 10212 SW 17TH PL
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Delete
Name: SABATELLA, VICKIE
Address: 4401 SW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Delete
Name: GOLDMAN, RICHARD A DVM
Address: 4209 N W 37TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D () Delete
Name: BECNEL, LINDA
Address: 10708 SW 90TH COURT
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D () Delete
Name: MCDILDA, DIANE
Address: PO BOX 357508
City-St-Zip: GAINESVILLE, FL 32635 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PERUYERO, PEPE
Address: P.O. BOX 769
City-St-Zip: HIGH SPRINGS, FL 32655 US

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 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

04/29/2005

Electronic Signature of Signing Officer or Director

Date