

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90073 031 ****61.25

DOCUMENT # N03000002456					
1. Entity Name PAWPAW'S PALS, INC.					
Principal Place of Business P.O.BOX 952949 LAKE MARY, FL 32795-2949			Mailing Address P.O.BOX 952949 LAKE MARY, FL 32795-2949		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0456601	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCIMONE, DIANA 1570 FARRINDON CIR HEATHROW, FL 32746			Name Street Address (P.O. Box Number is Not Acceptable) 1562 Farrindon Circle City <div style="text-align: right;">FL Zip Code</div>		
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.					
<div style="display: flex; justify-content: space-between;"> <div> Signature: <i>Diana Scimone</i> President <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> Date: 3/30/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIMONE, DIANA P.O.BOX 952949 LAKE MARY, FL 327952949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANKO, JOHN W P.O.BOX 91099 PITTSBURGH, PA 152217069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANKO, KATHRYN S P.O.BOX 91099 PITTSBURGH, PA 152217069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNIZZI, ANGELA 70A LOVELL AVENUE STATEN ISLAND, NY 10314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOREEN, COLLEEN M P.O.BOX 952949 LAKE MARY, FL 327952949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOREEN, COLLEEN M P.O.BOX 952949 LAKE MARY, FL 327952949	<input type="checkbox"/> Delete			
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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 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: <i>Diana Scimone</i> Diana Scimone				Date: 3/30/05 Daytime Phone #: 407 333 3030	



03302005 Chg-NP CR2E037 (10/03)

*Street #
has changed →*

Diana Scimone

Diana Scimone President

3/30/05

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

*new address:
2194 Blue Iris Place*