


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90028 021 \*\*\*\*70.00

<b>DOCUMENT # N04000011065</b>	
1. Entity Name <b>PAWS 'N' REFLECT INC.</b>	

Principal Place of Business <b>2217 PERRY PLACE JACKSONVILLE, FL 32207</b>	Mailing Address <b>2217 PERRY PLACE JACKSONVILLE, FL 32207</b>
---	---

**50056430**

2. Principal Place of Business <b>2217 PERRY PLACE</b>	3. Mailing Address <b>4446 HENDRICKS AVE.</b>
Suite, Apt. #, etc. <b>---</b>	Suite, Apt. #, etc. <b>PO BOX 379</b>
City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32207</b>	Zip <b>32207</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



07102005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>76-0775840</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

6. Name and Address of Current Registered Agent <b>HAFNER, GAIL 2217 PERRY PLACE JACKSONVILLE, FL 32207</b>
--

7. Name and Address of New Registered Agent <b>[Signature]</b> Street Address (P.O. Box Number is Not Acceptable) <b>[Signature]</b> City <b>FL</b> Zip Code <b>[Signature]</b>
---

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. <b>[Signature: Gail Hafner]</b> SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>July 13<sup>th</sup> 2005</b> DATE
---

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PVST HAFNER, GAIL 2217 PERRY PLACE JACKSONVILLE, FL 32207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D HAFNER, GAIL 2217 PERRY PLACE JACKSONVILLE, FL 32207</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>[X]</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>[X]</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>[X]</b>	

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.	
<b>SIGNATURE: [Signature: Gail Hafner]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>07/13/05 (904) 398-5750</b> Date Daytime Phone #