


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002030	
1. Entity Name BRADFORD COUNTY PAWS, INC.	

Principal Place of Business 1030 SOUTH WATER STREET STARKE, FL 32901 US	Mailing Address 1030 SOUTH WATER STREET STARKE, FL 32901 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1227978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TAYLOR, JAMES J JR
420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656**

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000344736 05/29/08-80110-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ROBERTA 1030 SOUTH WATER STREET STARKE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNNER, ELAINE 1030 SOUTH WATER STREET STARKE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, C E 1030 SOUTH WATER STREET STARKE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTAIN, THOMAS 1030 SOUTH WATER STREET STARKE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/21/08 9043347319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #