

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000480

FILED  
Mar 12, 2008  
Secretary of State

Entity Name: FLORIDA DOGGIE PAWS RESCUE INC.

## Current Principal Place of Business:

3449 LAUREL DALE DRIVE  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 272319  
TAMPA, FL 336882319

## New Mailing Address:

7143 STATE ROAD 54  
#261  
NEW PORT RICHEY, FL 34653

FEI Number: 22-3952264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: STEPHENS, KIMBERLY  
Address: 3449 LAUREL DALE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: VPD ( ) Delete  
Name: REEVES, VICKI  
Address: 3449 LAUREL DALE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: TD ( ) Delete  
Name: BLAKE, DALE  
Address: 3449 LAUREL DALE DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete  
Name: TOLSON, JANET  
Address: 9663 FRED ST  
City-St-Zip: HUDSON, FL 34669

Title: ICD (X) Delete  
Name: CZARNETSKY, LAURIE  
Address: 3320 DARLINGTON ROAD  
City-St-Zip: HOLIDAY, FL 34691

Title: VCD (X) Delete  
Name: LAROCCA, DAVE  
Address: 4863 BLUEWATER AVE  
City-St-Zip: SPRING HILL, FL 34606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REEVES, VICKI  
Address: 3320 DARLINGTON ROAD  
City-St-Zip: HOLIDAY, FL 34691

Title: VPD (X) Change ( ) Addition  
Name: KNAUST, JENNIFER  
Address: 2400 SOUTHSORE DRIVE SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD (X) Change ( ) Addition  
Name: CZARNETSKY, LAURIE  
Address: 3320 DARLINGTON ROAD  
City-St-Zip: HOLIDAY, FL 34691

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 exemption stated 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 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: JENNIFER KNAUST

VPD

03/12/2008

Electronic Signature of Signing Officer or Director

Date