

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004299

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** PAWS CARE, INC.

**Current Principal Place of Business:**

1505 E KALEY STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1505 E KALEY STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 27-2521997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRUITT, SCOTT W  
1505 E KALEY STREET  
ORLANDO, FL 32806 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:** C  
**Name:** PRUITT, SCOTT W  
**Address:** 1505 E KALEY STREET  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** VC  
**Name:** HAMPTON, ROBERT  
**Address:** 1505 E KALEY STREET  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** SEC  
**Name:** STEPHENS, RANDY  
**Address:** 1260 SHELTER ROCK ROAD  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** BM  
**Name:** CIELINSKI, MICHAEL A  
**Address:** 156 CLARKS WOODS ROAD  
**City-St-Zip:** LYMAN, ME 04002

I hereby 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 all other like empowered.

**SIGNATURE:** SCOTT W PRUITT

C

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date