

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000043962 1. Entity Name FOR PAWS PLAYCARE, INC.					
Principal Place of Business 150 SHADOWOOD DRIVE ENTERPRISE, FL 32725			Mailing Address 150 SHADOWOOD DRIVE ENTERPRISE, FL 32725		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		01092006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3700506	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GREENFIELD, DEBORAH L 150 SHADOWOOD DRIVE ENTERPRISE, FL 32725				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENFIELD, D.L. 150 SHADOWOOD DR. ENTERPRISE, FL 32725	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 607, 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>Deborah L Greenfield</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>2/9/06</i> Phone: <i>407-323-2002</i>		