2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P00000057732

Entity Name: 4 PAWS PET CLINIC, INC.

Current Principal Place of Business:

850694 U. S. HWY. 17
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

850694 U. S. HWY. 17
YULEE, FL 32097

New Mailing Address:

FEI Number: 59-3655663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORSTRUD, TERRY
1567 PHILIPS MANOR RD.
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NORSTRUD, SHEILA
Address: 96434 CHESTER ROAD
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete
Name: NORSTRUD, TERRY
Address: 1567 PHILIPS MANOR RD.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY NORSTRUD PRES 04/14/2009

Electronic Signature of Signing Officer or Director Date