

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90121 047 \*\*\*150.00

DOCUMENT # P03000020816

1. Entity Name

PAWIL, INC.



Principal Place of Business

Mailing Address

6201 LAFAYETTE ST.  
NEW PORT RICHEY FL 34652

6201 LAFAYETTE ST.  
NEW PORT RICHEY FL 34652

5237 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5237 TROUBLE CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY

Zip 34652

Country FL

Zip

Country

4. FEI Number

16-1656987

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEARS, WILMA G  
6201 LAFAYETTE ST.  
NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 P  
NAME FEARS, WILMA G MRS.  
STREET ADDRESS 6201 LAFAYETTE ST  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*WILMA G. FEARS* WILMA G. FEARS, PRESIDENT PAWIL INC 4-12-08  
(727) 808-1742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #