

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90117 034 ***150.00

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1. Entity Name
PURRS N' PAWS PET CARE, INC



Principal Place of Business
PO BOX 14431
BRADENTON, FL 34280 US

Mailing Address
PO BOX 14431
BRADENTON, FL 34280 US

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEJ Number **30-0175716** Applied For
20-0175716 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PELL, JENNIFER
404 PALM TREE DRIVE
BRADENTON, FL 34210

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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PELL, JENNIFER
STREET ADDRESS 404 PALM TREE DRIVE
CITY-ST-ZIP BRADENTON, FL 34210

TITLE S
NAME PELL, JENNIFER
STREET ADDRESS 404 PALM TREE DRIVE
CITY-ST-ZIP BRADENTON, FL 34210

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CITY-ST-ZIP

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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: **JENNIFER PELL** 3/15/06 941.221.3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #