2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90699 007 ***150.00

DOCUMENT P03000104067

1. Entity Name
PAWSITIVE PARTNERSHIP CANINE CENTER

Principal Place of Business
5701 LEON TYSON Rd
St Cloud FL 34771-9269011

Mailing Address

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5701 Leon Tyson Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint Cloud	City & State: FL
Zip: 34771-926911 Country: USA	Zip Country

4. FEI Number: 20-0242859 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Norma J. Najorka
5701 Leon Tyson Rd
St Cloud FL 34771-9269011

7. Name and Address of New Registered Agent
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	Pres. Norma J. Najorka 5701 Leon Tyson Rd Saint Cloud FL 34771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ____ 4/30/04 407461-6245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #