


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90031 047 \*\*\*150.00

**DOCUMENT # P04000054553**

1. Entity Name  
**RAZZLE DAZZLE PAWS, INC.**



Principal Place of Business  
 PO BOX 1245  
 HOBE SOUND, FL 33475

Mailing Address  
 PO BOX 1245  
 HOBE SOUND, FL 33475

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02172005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1071981**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHLEMMER, JACI**  
**9406 SE MERCURY STREET**  
**HOBE SOUND, FL 33455**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, JERI	NAME	
STREET ADDRESS	11606 SW MEADOWLARK CIR.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	

TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEMMER, JACI	NAME	
STREET ADDRESS	PO BOX 1245	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33475	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jaci Schlemmer 2/17/05 772-288-3003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #