2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000085240

1. Entity Name
PAWCO ENTERPRISES, INC.

Principal Place of Business
17201 WATERS EDGE CIRCLE
NORTH FORT MYERS, FL 33917 US

Mailing Address
17201 WATERS EDGE CIRCLE
NORTH FORT MYERS, FL 33917 US

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1228040

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOTHAM, JOHN P SR.
17201 WATERS EDGE CIRCLE
NORTH FORT MYERS, FL 33917

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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/T
NAME	GOTHAM, BONNIE B
STREET ADDRESS	17201 WATERS EDGE CIRCLE
CITY ST ZIP	NORTH FORT MYERS, FL 33917
TITLE	VP/S
NAME	GOTHAM, JOHN P SR.
STREET ADDRESS	17201 WATERS EDGE CIRCLE
CITY ST ZIP	NORTH FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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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: John P. Gotham JOHN P. GOTHAM SECRETARY APRIL 5, 2006 239-567-1063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #