

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142242

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** FOUR PAWS & MORE MASSAGE SERVICES, INC.

**Current Principal Place of Business:**

14324 COURTNEY WOODS LANE  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

14324 COURTNEY WOODS LANE  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

FEI Number: 55-0908640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAYKALAY, SUSAN  
14324 COURTNEY WOODS LANE  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: BURNETT, SUSAN  
Address: 14324 COURTNEY WOODS LANE  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP D ( ) Delete  
Name: CHIPPERFIELD, SHIRLEY  
Address: 2475-2 WHISPERING WOODS BLVD  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BURNETT

P D

04/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date