

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010752

FILED
Apr 30, 2009
Secretary of State

Entity Name: HAPPY PAWS AND TAILS, INC.

Current Principal Place of Business:

6128 WINTHROP TOWN CENTRE AVE
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

6128 WINTHROP TOWN CENTRE AVE
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 22-3920595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPT () Delete
Name: CLOVERSETTLE, SHANNON
Address: 6133 DELANCEY STATION ST #202
City-St-Zip: RIVERVIEW, FL 33578

Title: DVPS () Delete
Name: CLOVERSETTLE, CHARLES
Address: 6133 DELANCEY STATION ST #202
City-St-Zip: RIVERVIEW, FL 33578

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: CHARLES CLOVERSETTLE

DVPS

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date