

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000066039

1. Entity Name
LITTLE PAL'S, INC.



Principal Place of Business
**801 N CONGRESS AVE
#289
BOYNTON BEACH, FL 33435**

Mailing Address
**801 N CONGRESS AVE
#289
BOYNTON BEACH, FL 33435**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0515705** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELBLONK, IRA
1030 LAKE AVE
SUITE C
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
ERICKSON, MICHAEL
801 N CONGRESS AVE #289
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
ERICKSON, DONNA
801 N CONGRESS AVE #289
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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01/24/05-80052-003 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:

DONNA ERICKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05
Date

5147382133
Daytime Phone #