

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 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



01142008 No Chg-P CR2E034 (11/05)

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 _____ 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

1. Name
2. Title
3. Address
PTD
ERICKSON, MICHAEL
801 N CONGRESS AVE #289
BOYNTON BEACH, FL 33435

1. Name
2. Title
3. Address
VSD
ERICKSON, DONNA
801 N CONGRESS AVE #289
BOYNTON BEACH, FL 33435

1. Name
2. Title
3. Address

1. Name
2. Title
3. Address

1. Name
2. Title
3. Address

1. Name
2. Title
3. Address

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: Donna Erickson 1-30-08 561-738-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #