

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90187 049 ***158.50

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1. Entity Name

PAWS & CLAWS NETWORK, INC.



Principal Place of Business

2825 LOGAN DR
PENSACOLA FL 32503

Mailing Address

PO BOX 30469
PENSACOLA FL 32503

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3493926

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOESTA, DOUGLAS
2825 LOGAN DR
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TOWNES, HORTON
STREET ADDRESS 10653 LAKE VISTA DR
CITY-ST-ZIP SEMINOLE FL 33772

TITLE C ☐ Delete
NAME PRATT, HARRY
STREET ADDRESS 2570 B PATHWAY PLACE
CITY-ST-ZIP MOBILE AL 36606

TITLE ST ☐ Delete
NAME MOESTA, DOUGLAS M
STREET ADDRESS 2825 LOGAN DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ Delete
NAME RIDDLE, TOM
STREET ADDRESS 450 REROS RD
CITY-ST-ZIP DOWNTOWN PA 19335

TITLE D ☐ Delete
NAME LANDIS, J OMAR
STREET ADDRESS 4141 BAHIA VISTA CT
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Harry Pratt **Chairman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04 850-432-1045