

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038062

Entity Name: FOUR PAWS & A TALE, INC.

FILED  
Feb 07, 2004  
Secretary of State

**Current Principal Place of Business:**

1546 PULITZER ROAD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

1546 PULITZER ROAD  
FORT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 65-0922737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHRISTIAN, JOSEPH  
1546 PULITZER ROAD  
FORT PIERCE, FL 34945

**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 ( ) Delete  
Name: CHRISTIAN, JOSEPH  
Address: 1546 PULITZER RD  
City-St-Zip: FORT PIERCE, FL 34945

Title: ST ( ) Delete  
Name: CHRISTIAN, CATHERINE  
Address: 1546 PULITZER RD  
City-St-Zip: FORT PIERCE, FL 34945

**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 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 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: JOSEPH CHRISTIAN

PRES

02/07/2004

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

\_\_\_\_\_  
Date