



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90285 023 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P99000038062 1. Entity Name FOUR PAWS & A TALE, INC. | | | |  | |
| Principal Place of Business 1546 PULITZER ROAD FORT PIERCE, FL 34945 | | | Mailing Address 1546 PULITZER ROAD FORT PIERCE, FL 34945 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
|  | | | | | |
| 04232005 Chg-P CR2E034 (10/03) | | | | | |
| 4. FEI Number 65-0922737 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHRISTIAN, JOSEPH 1546 PULITZER ROAD FORT PIERCE, FL 34945 | | | 7. Name and Address of New Registered Agent Name Catherine Christian Street Address (P.O. Box Number is Not Acceptable) 1546 Pulitzer Rd City Ft Pierce FL Zip Code 34945 | | |
| 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: <u><i>Catherine Christian</i></u> DATE: 4-23-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHRISTIAN, JOSEPH 1546 PULITZER RD FORT PIERCE, FL 34945 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Catherine Christian 1546 Pulitzer Rd Ft Pierce FL 34945 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CHRISTIAN, CATHERINE 1546 PULITZER RD FORT PIERCE, FL 34945 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Catherine Christian</i></u> Date: 4-23-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |