


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90002 036 ***150.00

DOCUMENT # S84384

1. Entity Name
A POSH PAWS GROOMING SALON, INC.



Principal Place of Business Mailing Address

10501-1 SAN JOSE BLVD. 10501-1 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

A POSH PAWS GROOMING SALON, INC.

2. Principal Place of Business 3. Mailing Address

10501-1 SAN JOSE BLVD *10501-1 SAN JOSE BLVD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

JACKSONVILLE FL *JACKSONVILLE FL*
 City & State City & State

7L *7LA*
 Zip Zip

USA *USA*
 Country Country

50053458



05202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3108243 Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHO, PATRICIA A
5100 GRANNYS PLACE
KEYSTONE HEIGHTS, FL 32656

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: *Patricia A Bucho* *Patricia A Bucho* *6/3/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PVT | <input type="checkbox"/> Delete |
| NAME | BUCHO, PATRICIA A | |
| STREET ADDRESS | 260 JACKSON ROAD | |
| CITY- ST- ZIP | JACKSONVILLE, FL 32225 | |
| TITLE | SDC | <input type="checkbox"/> Delete |
| NAME | BUCHO, PATRICIA | |
| STREET ADDRESS | 260 JACKSON ROAD | |
| CITY- ST- ZIP | JACKSONVILLE, FL 32225 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | BUCHO, PATRICIA | |
| STREET ADDRESS | 260 JACKSON ROAD | |
| CITY- ST- ZIP | JACKSONVILLE, FL 32225 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Patricia A Bucho* **PATRICIA A. BUCHO** *6/3/05* *904-268-8890*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #