

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 02, 2007  
Secretary of State**

DOCUMENT# N06000002030

Entity Name: BRADFORD COUNTY PAWS, INC.

**Current Principal Place of Business:**

1030 SOUTH WATER STREET  
STARKE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

1030 SOUTH WATER STREET  
STARKE, FL 32901 US

**New Mailing Address:**

FEI Number: 57-1227978      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TAYLOR, JAMES J JR  
420 SOUTH LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656 US

**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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WARD, ROBERTA  
Address: 1030 SOUTH WATER STREET  
City-St-Zip: STARKE, FL 32091 US

Title: D      ( ) Delete  
Name: GUNNER, ELAINE  
Address: 1030 SOUTH WATER STREET  
City-St-Zip: STARKE, FL 32091 US

Title: D      (X) Delete  
Name: REGISTER, FREEMAN III  
Address: 1030 SOUTH WATER STREET  
City-St-Zip: STARKE, FL 32091 US

Title: D      ( ) Delete  
Name: DOUGLAS, C E  
Address: 1030 SOUTH WATER STREET  
City-St-Zip: STARKE, FL 32091 US

Title: D      ( ) Delete  
Name: CHASTAIN, THOMAS  
Address: 1030 SOUTH WATER STREET  
City-St-Zip: STARKE, FL 32091 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIE DICKENS

DIR

07/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date