2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000075019

1. Entity Name

PATRICK MANOR INCORPORATED



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business 896 73RD AVE NORTH

SAINT PETERSBURG, FL 33702

Mailing Address

896 73RD AVE NORTH

SAINT PETERSBURG, FL 33702



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3358669

Applied For Not Applicable

5. Certificate of Status Desired

3 \$8

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUTNAM THERESA L 896 73RD AVE NORTH SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

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 little if applicable (NOTE Registered A				Agent signature required when reinstaling) DATE		
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNAMARA, PATRICK J 896 73RD AVE NO SAINT PETERSBURG, FL 33702				01/25/06-80027-003 158.75 DO NOT WRITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P PUTNAM, THERESA L 896 73RD AVE NO SAINT PETERSBURG, FL 33702					
TITLE Name Street address City-St-Zip				DO		
TITLE Name Street address City-St-Zip		`	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

727 521-1842

Date

Daytime Phone #