2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 08:00 Al Secretary of State

| DOCUMENT # P95000075019. | | | | Feb 21, 2008 08:0 | | |
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| | | | | Secretary of Sta | | |
| 1. Entity Nam PATRICK | MANOR INCORPORATED | gar et emelo (j. 100 eugado) em emon en el composito (j. 100 eugado) | | | | |
| Principal Place of Business 896 73RD AVE NORTH SAINT PETERSBURG, FL 33702 Mailing Address 896 73RD AVE NORTH SAINT PETERSBURG, FL 33702 SAINT PETERSBURG, FL 3370 | | | 2 | | | |
| DO NOT WRITE IN THIS SPACE | | | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | CE | 02152008 4. FEI Numb | No Chg-P | |
| | | | | 59-335 | Not Applicable | |
| | | | | 5. Certificate | of Status Desired S8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | | |
| PUTNAM, THERESA L 896 73RD AVE NORTH | | | | DO NOT WRITE | | |
| SAINT PETERSBURG, FL 33702 | | | IN THIS SPACE | | | |
| ļ | • | | | | | |
| 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, lyped or printed name of registered agent and | title d'applicable. (NOTE Registere | od Agent signature required | when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | ncing 👯 💉 \$5. | .00 May Be ed to Fees | 000000834294 02/28/08-80047-007 158.75 | |
| 10. | OFFICERS AND DI | RECTORS | , , v | | | |
| NAME STREET ADDRESS CITY - ST-ZIP | MCNAMARA, PATRICK J 896 73RD AVE NO SAINT PETERSBURG, FL 33702 | | | | to the same of | |
| TITLE NAME STREET ADDRESS | P PUTNAM, THERESA L 896 73RD AVE NO | | | ς. | η_{i_1} | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33702 | | | | errolling the figure of the contraction | |
| NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME | | | | IN | THIS SPACE | |
| STREET ADDRESS | | | | , | | |
| TITLE NAME | | | | . • | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | į | t+ · | | |
| NAME STREET ADDRESS | | | | | The second second second second second | |

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTS! NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08

<u>(721)521-1843</u>

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