

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H82379

**Entity Name:** PAT OCCHILUPO SR., INC.

**Current Principal Place of Business:**

% PAT L. OCCHILUPO  
12 FERDINAND LANE  
PALM COAST, FL 32137

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC4231718222**

**Current Mailing Address:**

% PAT L. OCCHILUPO  
12 FERDINAND LANE  
PALM COAST, FL 32137

**FEI Number: 59-2688754**

**Certificate of Status Desired: No**

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

OCCHILUPO, PAT L.  
12 FERDINAND LANE  
PALM COAST, FL 32137 US

*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

**Officer/Director Detail :**

Title	PT	Title	SECRETARY
Name	OCCHILUPO, PAT L.	Name	OCCHILUPO, JUDITH
Address	12 FERDINAND LANE	Address	% PAT L. OCCHILUPO 12 FERDINAND LANE
City-State-Zip:	PALM COAST FL	City-State-Zip:	PALM COAST FL 32137
Title	VP		
Name	OCCHILUPO, PATRICK D		
Address	% PAT L. OCCHILUPO 12 FERDINAND LANE		
City-State-Zip:	PALM COAST FL 32137		

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAT L OCCHILUPO**

**PT**

**02/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date