

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90243 018 \*\*\*150.00

**DOCUMENT # 391558**

1. Entity Name  
**PATRICK ENTERPRISES, INC.**



Principal Place of Business  
**5435 SUMMERLAND HILLS DR  
LAKELAND, FL 33813 US**

Mailing Address  
**P.O. BOX 88  
LAKELAND, FL 33802 US**

**60000553**



2. Principal Place of Business - No P.O. Box #  
**815 Creative Dr.**

3. Mailing Address  
**P.O. Box 88**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-P

CR2E034 (12/06)

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

4. FEI Number  
**59-1367361**

Applied For  
☐ Not Applicable

Zip  
**33803**

Country  
**USA**

Zip  
**33802**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICK, S T  
5435 SUMMERLAND HILLS DR  
LAKELAND, FL 33813**

Name **Patrick, S.T.**  
Street Address (P.O. Box Number is Not Acceptable)  
**815 Creative Dr.**

City **Lakeland** FL Zip Code **33803**

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 **S.T. Patrick, President**  
Signature, typed or printed name of registered agent and title if applicable.

**Noted**  
(NOTE: Registered Agent signature required when reinstating)

**1-5-07**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
PATRICK, S T  
1330 EASTON DRIVE  
LAKELAND, FL 33803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
Patrick, S.T.  
815 Creative Dr.  
Lakeland, FL 33803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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: **S.T. Patrick, President**

**Noted**

**1-5-07**

**8636468581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #