2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 629659

VAL R. PATARINI, P.A.



Principal Place of Business 128 E MAIN ST PO BOX 608 WAUCHULA FL 33873

City & State

Zip

Mailing Address

Zip

128 E MAIN ST PO BOX 608 WAUCHULA FL 33873

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

Country

PATARINI, VAL R 128 E MAIN ST

WAUCHULA FL

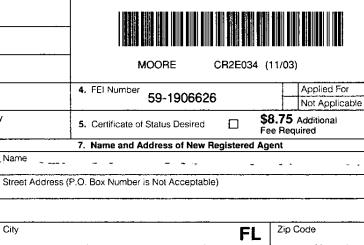
Suite, Apt. #, etc. City & State

Country

Name

FILED Mar 19, 2004 8:00 am **Secretary of State**

03-19-2004 90027 017 ***150.00



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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Change ☐ Addition DDE Delete PATARINI, VAL R NAME NAME 128 E MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUCHULA FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, wi

Fres. Dir. VALR PATARINI 3/16/04