

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-21-2008 90022 024 ***150.00

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1. Entity Name
SONPAT, INC.



Principal Place of Business
**315 NORTH MAIN ST.
HIGH SPRINGS, FL 32643**

Mailing Address
**315 NORTH MAIN ST.
HIGH SPRINGS, FL 32643**

66013642



DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2027314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOYER, MARY J
315 N. MAIN ST.
HIGH SPRINGS, FL 32-6439**

**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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOYER, DAVID H
STREET ADDRESS	232 SW CLAYTON LANE
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	VP
NAME	MOYER, MARY J
STREET ADDRESS	232 SW CLAYTON LANE
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	TRE
NAME	MOYER, JOANN E
STREET ADDRESS	232 S.W. CLAYTON LANE
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary J Moyer
16-5-08

Date

(386) 454-2709
Daytime Phone #