

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728811

FILED
Jan 03, 2008
Secretary of State

Entity Name: PATIO VILLAGE CORPORATION, INC.

Current Principal Place of Business:

6135 66 ST NORTH
PATIO VILLAGE OFFICE
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6135 66 ST NORTH
PATIO VILLAGE OFFICE
ST PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-1548640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, MIKE
6135-66TH ST N, LOT 310
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TM () Delete
Name: MORGAN, MIKE
Address: 6135 66TH ST, N LOT 310
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: PD () Delete
Name: HABERLE, DALE
Address: 6135-66TH ST N #510
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VD () Delete
Name: HOGAN, JOCELYNE
Address: 6135 66TH STREET N #318
City-St-Zip: ST PETERSBURG, FL 33709

Title: D () Delete
Name: ROCHELERU, DAVE
Address: 6135 66TH ST N LOT #125
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: FULTON, KARL
Address: 6135 66TH N LOT #219
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: BOOTH, WILLIE
Address: 6135 66TH ST., N. #404
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOGAN, JOCELYNE
Address: 6135 66TH STREET N #318
City-St-Zip: ST PETERSBURG, FL 33709

Title: D (X) Change () Addition
Name: ROCHELEAU, DAVE
Address: 6135 66TH ST N LOT #125
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MORGAN

TM

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date