2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 857451

1. Entity Name
JOHN PATON INCORPORATED

Principal Place of Business	Mailing Address
73 EAST STATE ST DOYLESTOWN, PA 18901 US	73 EAST STATE ST DOYLESTOWN, PA 18901 US

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-1153180	Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reinstating)   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	U00000603039 01/26/07-80116-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DT
NAME	PATON, JON FORD
STREET ADDRESS	14 ROCK CREEK WOODS
CITY-ST-ZIP	LAMBERTVILLE, NJ 08530

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #