


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F64679</b> 1. Entity Name PATTERSON LAVALLEE, INC.	
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Principal Place of Business 7107 N. FLORIDA AVE. TAMPA, FL 33604 US	Mailing Address 7107 FLORIDA AVE. TAMPA, FL 33604 US
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**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2161450	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  LENCE, RICHARD O. 11720 FOREST HILLS DRIVE TAMPA, FL 33612
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

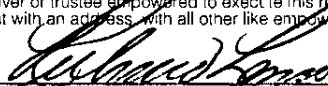
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LENCE, RICHARD O 11720 FOREST HILLS DRIVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ALBRITTON, MICHAEL G. 62 CAMELOT RIDGE DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAVALLEE, KENNETH N 504 JUSTICE DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000870389  
04/09/08-80085-020 150.00

**DO NOT WRITE  
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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:**  **Richard Lence Pres. 03/18/08 813-231-4400**

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