

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # G53532	
1. Entity Name PATRICK M. GORDON, P.A.	

Principal Place of Business 810 SATURN ST STE 17 JUPITER, FL 33477 US	Mailing Address 810 SATURN ST STE 17 JUPITER, FL 33477 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2458694	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, PATRICK M. 810 SATURN ST STE 17 JUPITER, FL 33477

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

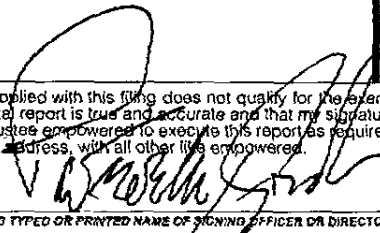
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PST	NAME GORDON, PATRICK M.
STREET ADDRESS 810 SATURN ST STE 17	CITY-STATE-ZIP JUPITER, FL
TITLE D	NAME GORDON, PATRICK M.
STREET ADDRESS 810 SATURN ST STE 17	CITY-STATE-ZIP JUPITER, FL
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
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TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

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02/25/06-80043-009 150.00

**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 lives empowered.

SIGNATURE  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/8/06 Daytime Phone # _____