
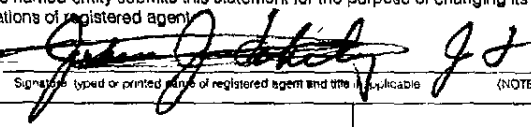
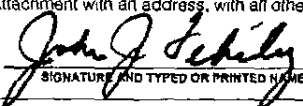


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # H28259		
1. Entity Name PATRICK'S OF SARASOTA, INCORPORATED		
Principal Place of Business C/O CHARLES J BARTLETT 2033 MAIN ST #600 SARASOTA, FL 34237 US		Mailing Address C/O CHARLES J BARTLETT 2033 MAIN ST #600 SARASOTA, FL 34237 US
DO NOT WRITE IN THIS SPACE		
01162006 No Chg-P CR2E034 (11/05)		
4. FE# Number 59-2473709		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARTLETT, CHARLES J 2033 MAIN ST STE 600 SARASOTA, FL 34237		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 reconstituting) Signature typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PATRICK, JOSEPH 350 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SULLIVAN, JAMES F. JR. 2234 HIBISCUS STREET SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KNOWLES, JOHN 1800 BEN FRANKLIN DR SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FEHILY, JOHN J. 2000 TANGLEWOOD DR. SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  JOHN J. FEHILY Sec SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/6/06 Daytime Phone # 941 954 5145