

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2473709

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 34236**

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

U00000900762
04/23/08-80041-011 150.00

**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 like empowered.

SIGNATURE: John J. Fehily **JOHN J. FEHILY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/08 941-954-5145