


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 009 ***150.00

DOCUMENT # H32654 1. Entity Name H. PATTERSON FLETCHER, ARCHITECT P.A.					
Principal Place of Business % H PATTERSON FLETCHER 1771 MANATEE AVENUE WEST BRADENTON, FL 34205			Mailing Address % H PATTERSON FLETCHER 1771 MANATEE AVENUE WEST BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box # 245 Willow Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4222 Suite, Apt. #, etc.			
City & State Anna Maria, FL Zip 34216 Country USA		City & State Anna Maria, FL Zip 34216 Country USA		4. FEI Number 59-2477662 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 FLETCHER, H PATTERSON 1771 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 245 Willow Ave. P.O. Box 4222 City Anna Maria, FL FL Zip Code 34216		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, H PATTERSON 1771 MANATEE AVENUE WEST BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 Willow Ave., P.O. Box 4222 Anna Maria, FL 34216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLETCHER, ANITA G 1771 MANATEE AVENUE WEST BRADENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 Willow Ave., P.O. Box 4222 Anna Maria, FL 34216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, CHARLES P 1771 MANATEE AVENUE WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 Willow Ave., P.O. Box 4222 Anna, Maria, FL 34216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/07 941-748-0691 <small>Date Daytime Phone #</small>		