

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # H32654</b>	
1. Entity Name H. PATTERSON FLETCHER, ARCHITECT P.A.	



FILED

08 JUL 14 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 245 WILLOW AVE ANNA MARIA, FL 34216	Mailing Address P.O. BOX 4222 ANNA MARIA, FL 34216
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2. Principal Place of Business - No P.O. Box # 17 Talon Drive Suite, Apt. #, etc.	3. Mailing Address P.O. Box 293 Suite, Apt. #, etc.
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07072008 Chg-P CR2E034 (12/06)

City & State Wapiti, WY	City & State Wapiti, WY
Zip 82450	Country USA

4. FEI Number 59-2477662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLETCHER, H PATTERSON 245 WILLOW AVE P O BOX 4222 ANNA MARIA, FL 34216	
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7. Name and Address of New Registered Agent Name William Herold Street Address (P.O. Box Number is Not Acceptable) 5500 Marina Drive, Ste. 1 City Holmes Beach, FL Zip Code 34217	
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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 William M. Herold Jr 7/15/08  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, H PATTERSON 245 WILLOW AVE, PO BOX 4222 ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLETCHER, ANITA G 245 WILLOW AVE, PO BOX 4222 ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, CHARLES P 245 WILLOW AVE, PO BOX 4222 ANNA MARIA, FL 34216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 293 Wapiti, WY 82450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 293 Wapiti, WY 82450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 293 Wapiti, WY 82450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/01/08 90006 033 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] 7/1/08 307-250-3317  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

KS