

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H79327

Entity Name: PATRICIA TRAPNELL, INC.

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

2484 SW BRIDGEVIEW TERRACE
PALM CITY, FL 34990 US

New Principal Place of Business:

1061 E. INDIANTOWN ROAD
104
JUPITER, FL 33477 US

Current Mailing Address:

POST OFFICE BOX 1087
PALM CITY, FL 34991 US

New Mailing Address:

P.O. BOX 458
VICTOR, ID 83455 US

FEI Number: 59-2581039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAPNELL, PATRICIA
2484 SW BRIDGEVIEW TERRACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

S. BARRIE GODOWN, CPA, PA
1061 E. INDIANTOWN ROAD
104
JUPITER, FL 33477 US

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.

SIGNATURE: S. BARRIE GODOWN

02/20/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRAWFORD, PATRICIA T
Address: 2484 SW BRIDGEVIEW TERRACE
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Delete
Name: CRAWFORD, CLETUS A
Address: 2484 SW BRIDGEVIEW TERRACE
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Delete
Name: ROY, CLAUDETTE
Address: 2308 S.E. HOLLAND STREET
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: S () Delete
Name: CRAWFORD, PATRICIA T
Address: 2484 SW BRIDGEVIEW TERRACE
City-St-Zip: PALM CITY, FL 34990 US

Title: T () Delete
Name: HUNT, CAROLYN D
Address: 2017 SW HUNTERS CLUB WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CRAWFORD, PATRICIA T
Address: P.O. BOX 458
City-St-Zip: VICTOR, ID 83455 US

Title: VP (X) Change () Addition
Name: CRAWFORD, CLETUS A
Address: P.O. BOX 458
City-St-Zip: VICTOR, ID 83455 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CRAWFORD, PATRICIA T
Address: P.O. BOX 458
City-St-Zip: VICTOR, ID 83455 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA TRAPNELL

DP

02/20/2007

Electronic Signature of Signing Officer or Director

Date