

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90032 004 ***150.00

DOCUMENT # H79327

1. Entity Name

PATRICIA TRAPNELL, INC.



Principal Place of Business

1061 E. INDIANTOWN ROAD
104
JUPITER FL 33477
US

Mailing Address

P.O. BOX 458
VICTOR ID 83455
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2581039

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME CRAWFORD, PATRICIA T
STREET ADDRESS P.O. BOX 458
CITY-ST-ZIP VICTOR ID 83455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CRAWFORD, CLETUS A
STREET ADDRESS P.O. BOX 458
CITY-ST-ZIP VICTOR ID 83455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME ROY, CLAUDETTE
STREET ADDRESS 2308 S.E. HOLLAND STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE VP ☐ Change ☐ Addition
NAME Frederick Hall
STREET ADDRESS 1320 Poinsettia
CITY-ST-ZIP Oviedo Florida

TITLE S ☐ Delete
NAME CRAWFORD, PATRICIA T
STREET ADDRESS P.O. BOX 458
CITY-ST-ZIP VICTOR ID 83455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME HUNT, CAROLYN D
STREET ADDRESS 2017 SW HUNTERS CLUB WAY
CITY-ST-ZIP PALM CITY FL 34990

TITLE T ☐ Change ☐ Addition
NAME Barrie Godson
STREET ADDRESS 1061 E. Indiantown Rd. #104
CITY-ST-ZIP Jupiter Fla. 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #