

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 010 ***150.00

DOCUMENT # J07805

1. Entity Name
HOWARD W. PATRICK, C.P.A., P.A.



Principal Place of Business
4010 NW 25 PLACE
GAINESVILLE, FL 32606 US

Mailing Address
~~4206 NW 23 TERRACE~~
~~GAINESVILLE, FL 32605-1679 US~~

40001236



01082007 Chg-P CR2E034 (12/06)

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

3. Mailing Address

2211 NW 28 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Gainesville FL

4. FEI Number
59-2679701

Applied For
Not Applicable

Zip

Country

Zip
32605-3740

Country
USA

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

PATRICK, HOWARD W.
~~4206 NW 23 TERRACE~~
~~GAINESVILLE, FL 32605~~

Name

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

2211 NW 28 Street

City

Gainesville FL

FL

Zip Code

32605-3740

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PATRICK, HOWARD W., CPA
STREET ADDRESS ~~4206 NW 23 TERRACE~~
CITY-ST-ZIP ~~GAINESVILLE, FL 32605-1679~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2211 NW 28 Street
Gainesville FL 32605-3740

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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:

Howard W. Patrick

Howard W Patrick

1-8-07

352/372-6300

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #