

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90050 046 ***158.75

DOCUMENT # J53271

1. Entity Name

PATIO SHOPPE OF CORAL SPRINGS, INC.



Principal Place of Business

355 SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address

7355 SAMPLE ROAD
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

7355 Sample Rd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Coral Springs, FL.

City & State

Same

Zip

33065

Country

USA

Zip

Same

Country

Same

4. FEI Number

59-2752272

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKERSON, MARIANNE
7355 SAMPLE RD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Marianne Dickerson

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

7355 Sample Rd.

City Coral Springs, FL.

FL

Zip Code 33065

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

Marianne Dickerson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Marianne Dickerson
President

2-19-05

DATE

FILE NOW!!! (FEE IS \$150.00 + 8.75)

After May 1, 2005 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

TITLE PST ☐ Delete
NAME DICKERSON, MARIANNE
STREET ADDRESS 7355 SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VP ☐ Delete
NAME DICKERSON, GARY
STREET ADDRESS 7533 SAMPLE ROAD
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VP ☐ Delete
NAME AVALLONE, DAWN
STREET ADDRESS 7355 SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP ☐ Delete
NAME AVALLONE, CHRISTOPHER
STREET ADDRESS 7355 SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VP ☐ Delete
NAME AVALLONE, JACLYN
STREET ADDRESS 7355 SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 exemption stated in Section 119.07(3)(i), 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:

Marianne Dickerson

1-19-03 Marianne Dickerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-252-0161