

8-2-06

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # J53271

1. Entity Name

PATIO SHOPPE OF CORAL SPRINGS, INC.



Principal Place of Business

7355 SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address

7355 SAMPLE RD.
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

7355 Sample Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Coral Springs, FL.

City & State

4. FEI Number

59-2752272

Applied For
Not Applicable

Zip

33065

Country

USA

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

DICKERSON, MARIANNE
7355 SAMPLE RD
CORAL SPRINGS FL 33065

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

Marianne Dickerson

President

Marianne Dickerson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/25/06

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	DICKERSON, MARIANNE	
STREET ADDRESS	7355 SAMPLE ROAD	
CITY- ST- ZIP	CORAL SPRINGS FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DICKERSON, GARY	
STREET ADDRESS	7533 SAMPLE ROAD	
CITY- ST- ZIP	CORAL SPRINGS FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	AVALLONE, DAWN	
STREET ADDRESS	7355 SAMPLE RD	
CITY- ST- ZIP	CORAL SPRINGS FL 33065	

TITLE	VP	<input type="checkbox"/> Delete
NAME	AVALLONE, CHRISTOPHER	
STREET ADDRESS	7355 SAMPLE RD	
CITY- ST- ZIP	CORAL SPRINGS FL 33065	

TITLE	VP	<input type="checkbox"/> Delete
NAME	AVALLONE, JACLYN	
STREET ADDRESS	7355 SAMPLE RD.	
CITY- ST- ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		

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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-06 954-752-0161
Marianne Dickerson

Date

Daytime Phone #