2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 16, 2007 08:00 Al Secretary of State DOCUMENT #L73618 1. Entity Name CARL E. PATRICK, P.A. Principal Place of Business Mailing Address 6823 OLD RANCH RD 6823 OLD RANCH RD US SARASOTA, FL 34241 SARASOTA, FL 34241 CR2E034 (11/05) 03132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0195708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent PATRICK, CARL E DO NOT WRITE 6823 OLD RANCH RD SARASOTA, FL 34241 IN THIS SPACE 3. 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 DATE (NOTE, Registered Appet signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000569100 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 03/27/07-80057-014 150.00 **OFFICERS AND DIRECTORS** 10. PD TITLE NAME PATRICK, CARL E. 6823 OLD RANCH RD STREET ADDRESS SARASOTA, FL 34241 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eigneture 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 true 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 addition, with an addition, with an addition.

SIGNATURE:

MARKE STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #