2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # M18372

1. Entity Name

PATTEN'S PLUMBING INC.



FILED Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90147 040 ***150.00

PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953 Suite Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 3 3 9 3 8 USA Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTEN, ALLEN D. 12232 CORPORAL CIRCLE PORT CHARLOTTE FL 33948 City City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of Florida. Lam familiar with, and accept the obligations of registered agent.				COO BE IN				
POST CHARLOTTE FL 33953 2. Primopal Place of Business 3. Mailing Address PD BOX 38 0266 Suits Apt. 4, etc. City 4. State City 4. State City 4. State County 2p 33 9 8 USA County 3 9 9 8 County 3 9 9 8 PATTEN, ALLEN D, 12232 CORPORAL CIRCLE PORT CHARLOTTE FL 33948 6. The above named early warries in sea attention for the purpose of changing its registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both, in the State of Portical. I and tarrises with, and accept mediagations of registered agent, or both in the State of Portical Development of State agent, or both in the State of Portical Agent agent, or both in the State of Portical Agent agent, or	Principal Place	e of Business	Mailing Address	•	7			
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S. Name and Address of Current Registered Agent PATTEN, ALLEN D. 12232 CORPORAL CIRCLE PORT CHARLOTTE FL 33948 8. The above named entity submits insistatement for the auripose of changing its registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaptions of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both, in the State of Florida. I smit amiliar with, and accept me chilaption of registered agent, or both,	City & State				4. FEI Number 59-2706539	E0 2706E20		
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SIGNATURE FILE NOW!!!-FEE-18-\$160.00					5			
FILE NOW!!!-FEE-IS \$150.00 Make Check Payable to Florida Department of State			for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Flor	da. Tam tamilar with,	and accept	
After May 1, 2006 Fee Will Be \$550.00	SIGNATURE .	Signature, typed or printed name of registered age	nt and title it applicable (NOT	E- Registered Agent signature requ	uired when reinstaling)	DATE		
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	l .	certify that the information supplied	with this filing does not qualify		ained in Section 119. Florida Statutes. I	further certify that the	information	

Inefety certify that the information supplied with this initing does not dually to 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 eath; 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR