


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**


05-02-2006 90194 017 \*\*\*150.00

<b>DOCUMENT # M72416</b>	
1. Entity Name <b>PATRICIAN BUILDERS, INCORPORATED</b>	

Principal Place of Business <b>817 PINEDALE ROAD FORT WALTON BEACH, FL 32547 US</b>	Mailing Address <b>P.O. BOX 456 FORT WALTON BEACH, FL 32549 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40079510**



01182006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2890127</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MONSEES, NICOLE 819 PINEDALE ROAD FT. WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent Name <b>LARSON, LOWELL C., JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>819 PINEDALE RD.</b> City <b>FORT WALTON BEACH</b> FL Zip Code <b>32547</b>	
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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  **Lowell C Larson** **4/28/06**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARNATHAN, CLAY M. 149 LINSTEAD DR. FORT WALTON BEACH, FL 32548</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARNATHAN, CLAY M 819 PINEDALE RD FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HENDERSON, BRENDA 819 PINEDALE ROAD FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S HENDERSON, BRENDA 819 PINEDALE RD FORT WALTON BEACH, FL 32547</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LARSON, LOWELL C., JR. 819 PINEDALE RD. FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Lowell C Larson** **4/28/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40079510

www.sunbiz.org

## Division of Corporations

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	M72416
Business Entity Name	PATRICIAN BUILDERS, INCORPORATED
Original File Date	03/11/1988

FEI Number 59-2890127

Principal Address 817 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547 US

Mailing Address P.O. BOX 456  
FORT WALTON BEACH, FL 32549 US

Registered Agent NICOLE MONSEES  
819 PINEDALE ROAD  
FT. WALTON BEACH, FL 32547 US

## Officer/Director Name And Address

D  
CARNATHAN, CLAY M.  
149 LINSTEW DR.  
FORT WALTON BEACH, FL 32548

S  
BRENDA HENDERSON  
819 PINEDALE ROAD  
FORT WALTON BEACH, FL 32547 US

If all of the above  
information is correct and  
you do not wish to make any  
changes, please select:

If you need to make changes  
to the above information,  
please select:

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