2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083746

1. Entity Name
PATTI MCGOWAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9848 COVENT GARDEN DR. ORLANDO, FL 32827	9848 COVENT GARDEN DR. ORLANDO, FL 32827

DO NOT WRITE IN THIS SPACE

02212008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3671721	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1420 EDGEWATER DR.
ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

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 X _Patti McGn_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 3/15/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000860611
04/02/08-80070-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGOWAN, PATTI
STREET ADDRESS	9848 COVENT GARDEN DR.
CITY-ST-ZIP	ORLANDO, FL 32827

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _Patti McGn_   3/15/08   407 851 8758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #