

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90240 006 ***150.00

DOCUMENT # P01000016706

1. Entity Name
PATRIOT BUILDERS, INC.



Principal Place of Business
**16080 S.E. 90TH COURT
SUMMERFIELD, FL 34491**

Mailing Address
**16080 S.E. 90TH COURT
SUMMERFIELD, FL 34491**

60000441



2. Principal Place of Business - No P.O. Box #
16040 SE. 90th Court
Suite, Apt. #, etc.

3. Mailing Address
16040 S.E. 90th Ct.
Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State
Summerfield, FL
Zip
34491 Country
USA

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Summerfield, FL
Zip
34491 Country
USA

4. FEI Number
59-3701494 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREER, MICHAEL HAROLD
16080 S.E. 90TH COURT
SUMMERFIELD, FL 34491**

7. Name and Address of New Registered Agent

Name **GREER, MICHAEL HAROLD**
Street Address (P.O. Box Number is Not Acceptable)
16040 SE 90th Ct.
City **Summerfield** FL Zip Code **34491**

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 **Michael H. Greer President** 1/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GREER, MICHAEL H**
STREET ADDRESS **16080 SE 90 CT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **STD** ☐ Delete
NAME **GREER, LISA M**
STREET ADDRESS **16080 S.E. 90TH COURT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **GREER, MICHAEL H.**
STREET ADDRESS **16040 SE 90th Ct.**
CITY-ST-ZIP **Summerfield, FL 34491**

TITLE **STD** ☒ Change ☐ Addition
NAME **GREER, LISA M.**
STREET ADDRESS **16040 SE 90th Ct**
CITY-ST-ZIP **Summerfield, FL 34491**

TITLE ☐ Change ☐ Addition
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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: **Lisa M. Greer** 1/4/07 352-307-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec/Treas Date Daytime Phone #