2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000029715

1. Entity Name

PATRICIA JOSEPH-BECKER P.A.



FILED
Mar 15, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

220 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051-0767 220 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051



DO NOT WRITE IN THIS SPACE

01072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1104230 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JOHN P 7650 GIBRAITER COURT NORTH SAINT PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	rpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and bile if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
File NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-S!-ZIP	D JOSEPH, PAUL G P O BOX 510095 KEY COLONY BEACH, FL 33151				
THLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOHN P 7650 GIBRALTER COURT SAINT PETERSBURG, FL 33709				000000667406 03/26/07-80027-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH-BECKER, PATRICIA 220 SADOWSKI CAUSEWAY-BOX 95 KEY COLONY BEACH, FL 33051			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-7IP					

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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

02-12-07

(305)743-2462