


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000043968 1. Entity Name PATE BUILDERS, INC.	
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Principal Place of Business 11319 PARTRIDGE DR TAMPA, FL 33625	Mailing Address 11319 PARTRIDGE DR TAMPA, FL 33625
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DO NOT WRITE IN THIS SPACE



08302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1097529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PATE, DAVID R
11319 PARTRIDGE DR
TAMPA, FL 33625**

**DO NOT WRITE
IN THIS SPACE**

U000000576149
09/05/06-80011-002 150.00

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 _____ DATE 8/31/06 *one*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATE, DAVID R 11319 PARTRIDGE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATE, ROBERT I 6806 MORNAY CT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATE, JOSEPHINE A 6806 MORNAY CT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: DAVID PATE *DAVID PATE* 8/31/06 *813-312-2348*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #