

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000014598

1. Entity Name
PATRICIA S. VERNON, P.A.



Principal Place of Business
3892 TARPON POINTE CIRCLE
PALM HARBOR, FL 34684

Mailing Address
3892 TARPON POINTE CIRCLE
PALM HARBOR, FL 34684

FILED
Apr 09, 2007 08:00 AM
Secretary of State



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0619506

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VERNON, PATRICIA S
3892 TARPON POINTE CIR.
PALM HARBOR, FL 34684

**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 _____

Signature, typed or printed name of registered agent and title 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
VERNON, PATRICIA S
3892 TARPON POINTE CIRCLE
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
VERNON, LAMAR G
3892 TARPON POINTE CIRCLE
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000695866
04/17/07-80077-011 150.00

**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: _____

Patricia Vernon

4/5/07