

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # P02000023952

1. Entity Name
PAT II, INC.



Principal Place of Business

1822 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543

Mailing Address

1822 BRUCE B. DOWNS BLVD.
WESLEY CHAPEL, FL 33543



05182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3611443

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DAVID F
32576 GREENWOOD LOOP
ZEPHYRHILLS, FL 33544

**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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PEREZ, PATRICIA A
STREET ADDRESS	32576 GREENWOOD LOOP
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544
TITLE	VTD
NAME	PEREZ, DAVID F
STREET ADDRESS	32576 GREENWOOD LOOP
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000764967
05/31/07-80019-022 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP, PAT II, INC

5/18/07 813-334-8573