

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000056429

1. Entity Name
PATRICIA CULP, INC.



Principal Place of Business
**3799 56TH ST. NORTH
ST. PETERSBURG, FL 33710**

Mailing Address
**3799 56TH ST. NORTH
ST. PETERSBURG, FL 33710**

**FILED
Jan 12, 2006 08:00 AM
Secretary of State**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number **02-0609871** 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

**CULP, PATRICIA
3799 56TH ST. NORTH
ST. PETERSBURG, FL 33710**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**000000382918
01/12/06-80032-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CULP, PATRICIA**
STREET ADDRESS **3799 56TH ST. NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE
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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:

Patricia Culp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06

Date

727-345-6215

Daytime Phone #