



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90501 035 ***150.00

DOCUMENT # P02000091433 1. Entity Name PATRICIA ELDRIDGE, INC.																																																																																																																													
Principal Place of Business 1032 WENTWORTH COURT LONGWOOD, FL 32750			Mailing Address 1032 WENTWORTH COURT LONGWOOD, FL 32750																																																																																																																										
2. Principal Place of Business 2761 Chaddsford Cir.		3. Mailing Address 2761 Chaddsford Cir.																																																																																																																											
Suite, Apt. #, etc. Apt. # 105		Suite, Apt. #, etc. # 105		03152005 Chg-P CR2E034 (10/03)																																																																																																																									
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 51-0425458																																																																																																																									
Zip 32765		Zip 32765		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent ELDRIDGE, PATRICIA A 1032 WENTWORTH COURT LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Eldridge, Patricia A Street Address (P.O. Box Number is Not Acceptable) 2761 Chaddsford Cir. # 105 City Oviedo, FL Zip Code 32765																																																																																																																									
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 <u><i>Patricia Eldridge</i></u> DATE <u><i>4-27-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Patricia Eldridge</i></u> DATE <u><i>4-27-05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													