


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90068 014 ***150.00

DOCUMENT # P02000091433 1. Entity Name PATRICIA ELDRIDGE, INC.					
Principal Place of Business 9951 LAKE ELMHURST LANE APT 101 OVIEDO, FL 32765			Mailing Address 9951 LAKE ELMHURST LANE APT 101 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 9945 Chesham Dr.		3. Mailing Address 9945 Chesham Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 51-0425458	
Zip 32817		Country 		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 ELDRIDGE, PATRICIA A 9951 LAKE ELMHURST LANE 101 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 9945 Chesham Dr. City Orlando FL Zip Code 32817		
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>Patricia Eldridge</u> 5-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ELDRIDGE, PATRICIA A 9951 LAKE ELMHURST LANE, # 101 OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRIDGE, PATRICIA A 9951 LAKE ELMHURST LANE #101 OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 Eldridge Patricia Eldridge 5-5-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					