


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000041923**

1. Entity Name  
 BRENDA L. PATTEN & ASSOCIATES, P.A.



Principal Place of Business  
 1862 ALTA VISTA STREET  
 SARASOTA, FL 34236

Mailing Address  
 1862 ALTA VISTA STREET  
 SARASOTA, FL 34236



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1184319

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PATTEN, BRENDA L  
 1862 ALTA VISTA STREET  
 SARASOTA, FL 34236

**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)

000009905902

05/02/08-80001-001 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

D/P  
 PATTEN, BRENDA L  
 1862 ALTA VISTA STREET  
 SARASOTA, FL 34236

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 SOLOMON, ARIEL  
 1862 ALTA VISTA STREET  
 SARASOTA, FL 34236

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**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: Brenda Patten 4-14-08 Brenda L. Patten (941) 362-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Brenda L. Patten