

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90061 024 \*\*\*150.00

**DOCUMENT # P03000048378**

1. Entity Name  
**PAT BARRETT REALTY INC.**



Principal Place of Business  
**4301 32ND ST., W  
BRADENTON, FL 34205**

Mailing Address  
**4301 32ND ST., W  
BRADENTON, FL 34205**

2. Principal Place of Business - No P.O. Box #  
**4366 Independence Ct**

3. Mailing Address  
**P.O. Box 358**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste C**

Suite, Apt. #, etc.

City & State

City & State

**Sarasota, FL 342**

**Oneco, FL**

Zip

Country

Zip

Country

**34234**

**USA**

**34264**

**USA**

6. Name and Address of Current Registered Agent

03152007 Chg-P CR2E034 (12/06)

4. FEI Number  
**03-0515452**

Applied For  
Not Applicable

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

**BARRETT, PATRICIA  
5119 18TH STREET W  
BRADENTON, FL 34207**

Name

**Patricia Barrett**

Street Address (P.O. Box Number is Not Acceptable)

**4366 Independence Ct.**

**Ste C**

City

**Sarasota**

**FL**

Zip Code

**34234**

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 **Patricia A. Barrett, PATRICIA A. BARRETT, PRESIDENT**

**4-10-07**

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  
After May 1, 2007 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  
**P  
BARRETT, PATRICIA A  
5119 18TH ST. W  
BRADENTON, FL 34207** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Barrett, Patricia A  
4366 Independence Ct. Ste C  
Sarasota, FL 34234** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 A. Barrett, PATRICIA A. BARRETT, PRES.**

**4-10-07 941-737-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #