

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90190 019 ***150.00

DOCUMENT # P03000102834

1. Entity Name
PATRICIA NOYES, CPA, PA



Principal Place of Business
5510 W. LASALLE ST. 211-B
TAMPA, FL 33607

Mailing Address
5510 W. LASALLE ST. 211-B
TAMPA, FL 33607

2. Principal Place of Business

1304 Desoto Ave

Suite, Apt. #, etc.

Suite 404

City & State

Tampa FL

Zip

33606

Country

USA

3. Mailing Address

1304 Desoto Ave

Suite, Apt. #, etc.

Suite 404

City & State

Tampa FL

Zip

33606

Country

USA

04112006

Chg-P

CR2E034 (11/05)

4. FEI Number
55-0846045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOYES, PATRICIA M
1313 CORNER OAKS DR.
BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NOYES, PATRICIA M
STREET ADDRESS 1313 CORNER OAKS DR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE VP ☐ Delete
NAME NOYES, PATRICIA M
STREET ADDRESS 1313 CORNER OAKS DR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE ST ☐ Delete
NAME LELICH, RAYMOND M
STREET ADDRESS 1313 CORNER OAKS DR
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06 813-382-0959