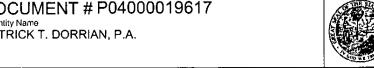
2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P04000019617** 1. Entity Name PATRICK T. DORRIAN, P.A.

FILED Aug 04, 2006 08:00 Al Secretary of State



Principal Place of Business

3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250 Mailing Address

3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250



					•	08022006 P
DO	NOT	WDITE	INI	TLIC	SPACE	
UU	IVUI	AALCIIE	111	IUIO	STACE	4. FEI Number

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0675749

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORRIAN, PATRICK T 3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250

SIGNATURE:

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										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	OFFICERS AND DIRE	CTORS								
TITLE	PSTD		,							
NAME	DORRIAN, PATRICK T		Į.		,					
STREET ADDRESS	3527 BAY ISLAND CIR				U00000573423					
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		ľ		08/04/06-80006-022 150.00					
TITLE					00,04,00 00000 off 100100					
NAME										
STREET ADDRESS			ŀ		,					
CITY-ST-ZIP										
TITLE				•						
NAME										
STREET ADDRESS				DO	NOT WRITE					
CITY-ST-ZIP										
TITLE				IN '	THIS SPACE					
NAME										
STREET ADDRESS				•						
CITY-ST-ZIP			1							
TITLE			i							
NAME										
STREET ADDRESS					*					
CITY-ST-ZIP										
TITLE	• • •									
NAME	11.13		. .		•					
STREET ADDRESS CITY-ST-ZIP										
	<u> </u>		<u> </u>		O Philip Oten and I for the constitution the constitution of					
12. I hereby certify that the information supplied with this filling 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.										

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR