

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000047118

1. Entity Name  
PATRICIA INVESTMENTS, INC.



Principal Place of Business  
71 GRIZZLY BEAR PATH  
ORMOND BEACH, FL 32174-2981

Mailing Address  
71 GRIZZLY BEAR PATH  
ORMOND BEACH, FL 32174-2981



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1001780  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHALETT, CHARLES  
71 GRIZZLY BEAR PATH  
ORMOND BEACH, FL 32174-2981

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

1000000379679  
01/10/06-80032-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	POLLIO, PATRICK
STREET ADDRESS	814 ELIZABETH ST
CITY-ST-ZIP	RIDGEFIELD, NJ 07657
TITLE	VPD
NAME	SEARFOSS, FRANK
STREET ADDRESS	814 ELIZABETH ST
CITY-ST-ZIP	RIDGEFIELD, NJ 07657
TITLE	TD
NAME	SHALETT, CHARLES
STREET ADDRESS	71 GRIZZLY BEAR PATH
CITY-ST-ZIP	ORMOND BEACH, FL 321742981
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: CHARLES SHALETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 (386) 615-9848  
Date Daytime Phone #