2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000047118

1. Entity Name
PATRICIA INVESTMENTS, INC.

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

DO NOT WRITE IN THIS SPACE

01062008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature required of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80045-020 150.00

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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: Patrick Pollio A.K.A Pasquale Pollio 1/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #