


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90201 017 ***150.00

DOCUMENT # P04000050014 1. Entity Name DR. PATTI L. BARROWS, INC.	
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Principal Place of Business 9403 OAK MEADOW CRT. TAMPA, FL 33647	Mailing Address 9403 OAK MEADOW CRT TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0844341	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BARROWS, PATTI L DR.
9403 OAK MEADOW CRT
TAMPA, FL 33647**

**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 *Patti Barrows* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROWS, PATTI L DR. 9403 OAK MEADOW CRT TAMPA, FL 33647
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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: *Patti Barrows* **4/25/08 (813) 991-6423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #