


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90003 021 ***150.00

DOCUMENT # P04000112162 1. Entity Name KATIE PAQUETTE, PA			
Principal Place of Business 5548 WOODROSE CT - UNIT 2 FT MYERS, FL 33907		Mailing Address 5548 WOODROSE CT - UNIT 2 FT MYERS, FL 33907	
2. Principal Place of Business 12806 meadow Hawk Dr Suite, Apt. #, etc.		3. Mailing Address 12806 meadow Hawk Dr Suite, Apt. #, etc.	
City & State Ft Myers FL		City & State Ft Myers FL	
Zip Country 33912 USA		Zip Country 33912 USA	
4. FEI Number 30-0266864		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAQUETTE, KATIE 5548 WOODROSE CT - UNIT 2 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Carl Greco Street Address (P.O. Box Number is Not Acceptable) 3949 Evans Ave St 403 City Ft. Myers State FL Zip Code 33901	
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 <u>Carl Greco</u> DATE <u>8-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, KATIE 5548 WOODROSE CT - UNIT 2 FT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Katie Paquette</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8-8-05</u> Daytime Phone # _____	

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