## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2007 08:00 A DOCUMENT # P05000022893 **Secretary of State** 1. Entity Name PATRICK LEE PAINTING, INC. Principal Place of Business Mailing Address 430 BEETHOVEN AVENUE 430 BEETHOVEN AVENUE SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 65-1242939 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** City Zıp Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST HILLE ☐ Delete ☐ Change ☐ Addition LEE, PATRICK NAME U00000631128 02/20/07-80034-024 150.00 430 BEETHOVEN AVENUE STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-ZIP CJTY-ST-ZIP HHE Delete HIII Change Addition NAM STRUET ADDRESS STREEL ADORESS CITY-S1-7(F CHY-ST-7IP HILL Delete 199 □ Change \_\_\_\_ Addition NAM STREET ADDRESS STREET ADDRESS CITY-ST-71P CHY+ST-ZIP TITLE Delete DILE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CIEY-ST-ZIE CHY-SI-ZIP JOH ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS C/TY-S1-7IP CITY-ST-7IP THE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block III if changed, or on an attachment with an audioss, with all other like empowered.

SIGNATURE: 🚅

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