

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000069548

**Entity Name:** PATRICIA M. PRATHER INC.

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

609 LHOMMEDIEU STREET  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

609 LHOMMEDIEU STREET  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 20-2840405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRATHER, PATRICIA M MS.  
609 LHOMMEDIEU STREET  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

PRATHER-HARLOW, PATRICIA M MRS.  
609 LHOMMEDIEU STREET  
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: PATRICIA M. PRATHER-HARLOW

03/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRATHER-HARLOW, PATRICIA M  
Address: 609 LHOMMEDIEU STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA M. PRATHER-HARLOW

OWNE

03/30/2011

Electronic Signature of Signing Officer or Director

Date