

## ANNUAL REPORT

DOCUMENT # P05000162843

1. Entity Name

PATTERSON APPRAISAL GROUP, INC.



Principal Place of Business

239 147TH STREET NE  
BRADENTON, FL 34212 US

Mailing Address

239 147TH STREET NE  
BRADENTON, FL 34212 US

**FILED**  
**Jan 10, 2007 08:0**  
**Secretary of St**



01072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3935925

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PATTERSON, MARY L  
239 147TH STREET NE  
BRADENTON, FL 34212**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesU00000580500  
01/10/07-80050-003 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATTERSON, MARY L
STREET ADDRESS	239 147TH STREET NE
CITY-ST-ZIP	BRADENTON, FL 34212

TITLE	TRSR
NAME	VACCA, KATHLEEN
STREET ADDRESS	239 147TH STREET NE
CITY-ST-ZIP	BRADENTON, FL 34212

TITLE	STRY
NAME	PATTERSON, MARY L
STREET ADDRESS	239 147TH STREET NE
CITY-ST-ZIP	BRADENTON, FL 34212

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07 941-750-6600