

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90038 006 ***150.00

DOCUMENT # P05000166959

1. Entity Name
PATRIOT REAL ESTATE INC



Principal Place of Business
**1225 E GATE DRIVE
VENICE, FL 34285-7804 US**

Mailing Address
**1225 E GATE DRIVE
VENICE, FL 34285-7804 US**

40006071



2. Principal Place of Business - No P.O. Box #

202 BURNS LANE

3. Mailing Address

202 BURNS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112007 Chg-P CR2E034 (12/06)

City & State
WINTER HAVEN FL

City & State
WINTER HAVEN FL

4. FEI Number
20-4040930

Applied For
Not Applicable

Zip
33884

Country
USA

Zip
33884

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARNAORE, DONALD G
3269 WHITE BLOSSOM LANE
CLERMONT, FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 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 Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D VARNAORE, DONALD 3269 WHITE BLOSSOM LANE CLERMONT, FL 34711	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald Varnadore DONALD VARNAORE **3-12-07 863-326-1229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #