

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90001 005 ***150.00

DOCUMENT # P93000042704

1. Entity Name
PATTY REALTY, INC.



Principal Place of Business
**211 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

Mailing Address
**PO BOX 13573
TALLAHASSEE, FL 32317 US**

04068646



2. Principal Place of Business
2019 Centre Pointe Blvd.

3. Mailing Address
Suite, Apt. #, etc.
Suite 102

08172004 Chg-P CR2E034 (10/03)

City & State
Tallahassee, FL

City & State

4. FEI Number
59-3189323

Applied For
Not Applicable

Zip
32308

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**BAHMANN, PATRICIA
211 JOHN KNOX ROAD
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name **Bahmann, Patricia**

Street Address (P.O. Box Number is Not Acceptable)
2019 Centre Pointe Blvd., Suite 102

City **Tallahassee** **FL** Zip Code **32308**

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

Patricia Bahmann

Patricia Bahmann

8/17/04

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE **PSD** ☐ Delete
NAME **BAHMANN, PATRICIA**
STREET ADDRESS **P O BOX 13573 N/A**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Patricia Bahmann **Patricia Bahmann**

8/17/04

(850) 422-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #