

2006

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90027 003 ***150.00

DOCUMENT # **P3000084826**

1. Entity Name

PATSON BEVERAGE & FOODING**DO NOT WRITE IN THIS SPACE****60003318**

2. Principal Place of Business

216 S. Main Street

3. Mailing Address

PO BOX 2981

Suite, Apt. #, etc.

7-8

Suite, Apt. # etc.

City & State

LABELLE FL

City & State

LABELLE - FL.

4. FEI Number

65-0461736

Applied For

Not Applicable

Zip

33935

Country

USA

Zip

33975

Country

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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

January 1 - May 1 Fee is \$150.00**After May 1, Fee is \$550.00****Amended AR is \$61.25****Make Check Payable to Florida Department of State**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL ASHOK J. 216 S. MAIN ST. LABELLE FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ashok J. Patel ASHOK J. PATEL.**01.12.05 963-675-3335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #