

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # P93000087779

1. Entity Name  
PATRICIA S. CARPENTER & ASSOCIATES, LTD., INC.



Principal Place of Business  
2060 GORDON DRIVE  
NAPLES, FL 34102

Mailing Address  
2060 GORDON DRIVE  
NAPLES, FL 34102



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-1373774

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRONIN, DENNIS P  
BOND, SCHOENECK & KING  
1167 THIRD STREET SOUTH, SUITE 107  
NAPLES, FL 33940

**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARPENTER, PATRICIA S
STREET ADDRESS	2060 GORDON DRIVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	CARPENTER, ROBERT B
STREET ADDRESS	4949 WEST PINE BLVD
CITY-ST-ZIP	SAINT LOUIS, MO 63108
TITLE	D
NAME	CARPENTER, JANET M
STREET ADDRESS	2415 28TH STREET
CITY-ST-ZIP	SANTA MONICA, CA 90405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000001343  
01-12-04-80004-009 150.00

**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)(f), 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 S. Carpenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04 239-262-4659  
Date Daytime Phone #