

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90380 035 \*\*\*150.00

**DOCUMENT # P94000034238**

1. Entity Name  
**PATRICK TOMASSI ENTERPRISES, INC.**



Principal Place of Business  
**7442 S. FEDERAL HWY.  
#42  
PORT ST. LUCIE, FL 34952**

Mailing Address  
**7442 S. FEDERAL HWY.  
#42  
PORT ST. LUCIE, FL 34952**

40051330



2. Principal Place of Business

**1445 S.E. VILLAGE GREEN DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**1445 S.E. VILLAGE GREEN DR.**  
Suite, Apt. #, etc.

04142006

Chg-P

CR2E034 (11/05)

City & State

**PORT ST. LUCIE, FL**

City & State

**PORT ST. LUCIE, FL**

4. FEI Number

**59-3243787**

Applied For

Not Applicable

Zip

**34952**

Country

**ST. LUCIE**

Zip

**34952**

Country

**ST. LUCIE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**STEPHEN SYNENKO  
2869 SE PERU ST  
PORT ST. LUCIE, FL 34984**

## 7. Name and Address of New Registered Agent

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

*Judith Synenko*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEPHEN SYNENKO</b>	
STREET ADDRESS	<b>2869 SE PERU ST</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34984</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JUDITH SYNENKO</b>	
STREET ADDRESS	<b>2869 SE PERU ST</b>	
CITY-ST-ZIP	<b>PT ST LUCIE, FL 34984</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Judith Synenko* - JUDITH SYNENKO

4/15/06

(772) 337-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #