

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000014722

1. Entity Name

PATIO PARTNERS, INC.



Principal Place of Business
**250 WORTH AVENUE
PALM BEACH FL 33480**

Mailing Address
**PO BOX 2528
PALM BEACH FL 33480**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **65-0559630**

Applied For
Not Applicable

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

**HANDELSMAN, BURTON
250 WORTH AVENUE
PALM BEACH FL 33480**

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 re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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-STATE-ZIP	PD HANDELSMAN, STEVEN 18 HOTEL DR WHITE PLAINS NJ	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD STOCKER, MARSHA 5 LOVE LAKE HARRISON NJ	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS HANDELSMAN, BURTON 250 WORTH AVENUE PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS HANDELSMAN, LUCILLE 250 WORTH AVENUE PALM BEACH FL 33480	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS MEASLIP, SANDY 3 LOVE LANE HARRISON NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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04/10/07-80058-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-07