

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000014979

1. Entity Name
PATRICIAN REALTY CORPORATION



Principal Place of Business

**798 LYTHAM CIRCLE
OSPREY, FL 34229 US**

Mailing Address

**798 LYTHAM CIRCLE
OSPREY, FL 34229 US**

DO NOT WRITE IN THIS SPACE



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0650788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONERBY, MURRAY E JR.
798 LYTHAM CIRCLE
OSPREY, FL 34229**

**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]
Signature, typed or printed name of registered agent and title if applicable.

Glenn Harper, CPA

(NOTE: Registered Agent signature required when reinstating)

5/8/07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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	D
NAME	CONERBY, MURRAY E JR.
STREET ADDRESS	798 LYTHAM CIRCLE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	CONERBY, PATRICIA L
STREET ADDRESS	798 LYTHAM CIRCLE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Harper, CPA

5/8/07

Date

614-488-0061

Daytime Phone #