

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 044 ***150.00

DOCUMENT # P96000037524

1. Entity Name
PATRICIAN ARMS RETIREMENT HOMES, INC.



Principal Place of Business
239 N.E. 23RD AVENUE
POMPAÑO BEACH, FL 33062

Mailing Address
239 N.E. 23RD AVENUE
POMPAÑO BEACH, FL 33062

50025257



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0678017

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

O'BRIAN, DAPHNE C
239 N.E. 23RD AVENUE
POMPAÑO BEACH, FL 33062

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME O'BRIAN, DAPHNE C
STREET ADDRESS 239 N.E. 23RD AVENUE
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 any address, with all other like empowered.

SIGNATURE: *Daphne C. O'Brien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-06 9547831741

Date

Daytime Phone #

ATTACHMENT

~~50081-257~~
~~# 096000037524~~
Patrician Ams Retirement Home

289 NE 23rd Ave

Pompano Beach, FL 33062

(954) 788-1761

Fax: (954) 788-1797

Dear Sir/Madam

I made several calls to your

Department with regards to filing uniform
business Report, requesting the form but instead
I had a notice of intent to dissolve.

each time I called I had recording and
did leave a request for a form so I could file

I found an old form from 2002 and is
sending same with payment, I am also
requesting that you continue to send me
forms each year.

Enclose please find check for 150 also
check for 400 if I have got to pay late fee

Thank you

Sincerely,

Daphne C. Obrian