2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: KONALD PATEL

Feb 05, 2004 08:00 AM DOGUMENT # P96000052825 **Secretary of State** 1. Entity Name PATELLA CONSTRUCTION, INC. Principal Place of Business Mailing Address 1022 PINEBROOK DRIVE CLEARWATER FL 33755 1022 PINEBROOK DRIVE CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3391579 Not Applicable Z_{P} Country Zia Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATELLA, RONALD 1022 PINEBROOK DRIVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33755** City Zio 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE Change Addition TITLE U00000034937 LI VIIII 02/06/04-80001-013 150.00 PATELLA, RONALD NAME NAME STREET ADDRESS 1022 PINEBROOK DRIVE STREET ADDRESS CLEARWATER FL 33755 CHTY-ST-ZIP CITY-ST-ZIP Delete THE Change ☐ Addition TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 333) F Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-BP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 grapowered.

FILED

1/29/2004 727-4660020