## 2007 FOR PROFIT CORPORATION

## Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P98000063479** 04-30-2007 90820 001 \*\*\*158.75 STEVE PATRINOSTRO, P.A. Principal Place of Business Mailing Address 2011A SOUTH ELORIDA AVENUE PO BOX 2804 LAKELAND, FL 33803 US LAKELAND, FL 33806-2804 US 2. Principal Place of Business - No P.O. Box # 230 EAST HIGH RUD DR. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3528819 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTRINOSTRO, Stephen C PATRINOSTRO, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 831 SAGAMORE STREET LAKELAND, FL: 33803 30 Enst Highland Da 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 agen SIGNATURE Signature, typed or prin 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPVT TITLE Delete TITLE 72 Change Addition PATRINOSTAD, Stephen C 230 ENITHISLIAND DA. PATRINOSTRO, STEPHEN C NAME NAME 831 SAGAMORE STREET STREET ADDRESS STREET ADDRESS IRKELAUD, FL 33813 CHY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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