FILED

02 JAN -9 AM 9: 21



SIGNATURE:

FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

_	VCCO WE THE	DIVISION OF CORPORATIONS	Vo		
DOCUMENT #	p98000	13527 0	774		
1. Corporation Name	Pat the Pl	13527 a	Nb,		*.
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÷-					
2. Principal Office Address 7710 Su	J 187ace 3.	Mailing Office Address 77(05W187	ere		99-62
Suite, Apt. #, etc.	. Suit	e, Apt. #, etc.		porated or Qualified	d C
city & state		& State	5. FEI Numbe	ness in Florida	Applied For—
	ountry Zip	36437 Country	6.	7 35 2 7 9 0 \  S OF STATUS DESIRED ( \$8.75	Not Applicable Additional Fee required
0 17/2		7. Name and Address of Current F	MONTHAL ANNA PROPERTY OF A 1 YEAR OF A 1 Y	for	a Certificate of Status
Name		Name and Address or current i	Registered Agent		
Street Artross	Therine	watch(a)	30	0 <b>00047845</b> -01/18/0201	163- <b>1</b> -8
Olleet Address	7710 SW	187 ave		****600.00	****600.00
Suite, Apt. #, E	tc.				
City O	unnellor	\ .		State Zip Code FL 3 443	<b>つ</b> ;
A CAMPAN TO AN ART AND A STATE	THE RESIDENCE OF THE PROPERTY	ned corporation, am familiar with and acce	of the obligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	athering REGISTE	HED AGENT MUST GIGN		Date / 2/04	4/01
9. Names and Street Addres	sses of Each Officer and/or Dir	ector (Florida nonprofit corporations must	list at least 3 directors)	and the second s	The New Johnson Control of States Control of States (States Control of States Control of States Control of States (States Control of States Control of States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States (States Control of States Control
Titles · O	Name of fficers and/or Directors	Street Address Officer and/or		City / State	/ Zip
Resin Cath	herine Wak	77/05/11	87ave	Donnellan	FI_ 34432
Pati	cick Wal	Sh 7710 5W	187aue	Donnellon	FL34430
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				<del></del>	
10. I certify that I am an office	er or director or the receiver or	trustee empowered to execute this applica	tion as provided for in cha	pter 607 or 617, F.S. I further ce	rtify that when filing
owed by the corporation t	nave been paid and the names	has been eliminated, the corporate name of individuals listed on this form do not qua	alify for an exemption unde	of section 607.0401 or 617.040 er section 119.07(3)(i), F.S. The	1, F.S., that all fees information indicated
on this application is true	and accurate, and my signature	e shall have the same legal effect as if mai	de under oath.	<i>.</i>	

The reason we did not file every year since 1998 is because we DID not receive any notifications to file because we moved in 1998 and for some reason all our mail was not fowarded Properly. We are therefore sending

Sincerley Cathering Wa

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Pet the Plumber inc.