

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2005 8:00 am
Secretary of State

04-19-2005 90387 046 ***150.00

DOCUMENT # P99000018356

1. Entity Name

PATAS & ASSOCIATES, P.A.



Principal Place of Business

**267 N. COLLIER BLVD. STE. 201
MARCO ISLAND FL 34145**

Mailing Address

**267 N. COLLIER BLVD. STE. 201
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0463586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATAS, DENISE A
267 N. COLLIER BLVD. STE. 201
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

Denise A. Patas

Street Address (P.O. Box Number is Not Acceptable)

**PO Box 367 870 Bald Eagle
Drive #2-B**

City

Marco Island

FL

Zip Code

34145

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

Denise A. Patas

4/13/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **PATAS, THOMAS C**

STREET ADDRESS **975 SUNDROP CT.**

CITY-STATE-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete

NAME **PATAS, DENISE A**

STREET ADDRESS **975 SUNDROP CT**

CITY-STATE-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-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 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:

Denise A. Patas

4/13/05

239-642-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR