


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90077 017 ***158.75

DOCUMENT # P99000063476 1. Entity Name FITZPATRICK REALTY & ASSOCIATES, INC.	
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Principal Place of Business 5231 W. BROWARD BLVD PLANTATION, FL 33317	Mailing Address 5231 W. BROWARD BLVD PLANTATION, FL 33317
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50061434

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07252005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0933793	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FITZPATRICK, LYNNE 5231 W. BROWARD BLVD PLANTATION, FL 33317	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS FITZPATRICK, LYNNE 5231 W. BROWARD BLVD PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____



ATTACHMENT
50061434
Division of Corporations

Annual Report

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Document Number

P99000063476

Business Entity Name

FITZPATRICK REALTY & ASSOCIATES, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650933793

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

5231 W. BROWARD BLVD

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

Mailing Address

Address

5231 W. BROWARD BLVD

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FITZPATRICK, LYNNE

-or- RA Business Name

Address (PO Box is not acceptable)

5231 W. BROWARD BLVD

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

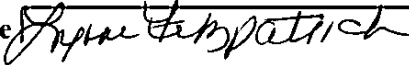
US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT

50061434
#P99 0000 63476

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PTS		
Name (Last, First, Middle, Title)	FITZPATRICK	LYNNE	
-or- Entity Name			
Street Address	5231 W. BROWARD BLVD		
City, State	PLANTATION	FL	
Zip Code & Country	33317		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			

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50061434
#P99000063456

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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