

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90006 039 ***150.00

DOCUMENT # *P99000064396*

1. Entity Name
Miss Patty Formerly Yours, Inc.
MISS PATTY FORMERLY YOURS, INC.

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
42 Howe Ave

Suite, Apt. #, etc.

3. Mailing Address
4380-27th Ct SW

Suite, Apt. #, etc.
#102

City, State
La Belle, Fla

City, State
Naples, Fla

Zip
33935

Country
Hondur

Zip
34116

Country
Collier

40119062

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
593593566

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Patricia E. Ellison

Street Address (P.O. Box Number is Not Acceptable)
4380-27th Ct SW

#102

City
Naples

FL Zip Code
34116

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 *Patricia E. Ellison* DATE *5/24/07*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PVST ELLISON Patricia 4380-27th Ct SW #102 Naples, FL 34116</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D ELLISON Patricia 4380-27th Ct SW #102 Naples, FL 34116</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia E. Ellison* DATE *5/24/07* 239-290-9137

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