2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000071672

1. Entity Name
PATIO WORKS, INC.

Principal Place of Business	Mailing Address
31108 W. SR 54	31108 W. SR 54
WESLEY CHAPEL, FL 33543	WESLEY CHAPEL, FL 33543

DO NOT WRITE IN THIS SPACE

04132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3592586	Not Applicable

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

6. Name and Address of Current Registered Agent

DUMKE, NICOLE
5430 PINEBARK LANE
WESLEY, FL 33543

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IN THIS SPACE

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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00.

9. Election Campaign Financing ☐ **$5.00** May Be Added to Fees.
Trust Fund Contribution.

0000008333341
04/28/08-80035-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DUMKE, NICOLE
STREET ADDRESS	5430 PINEBARK LN
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	VP
NAME	DUMKE, PAUL H
STREET ADDRESS	5430 PINEBARK LN
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: _____   4/10/08   813 9738890

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