


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S09170
 1. Entity Name
 PAT PLUMLEE INC.



Principal Place of Business Mailing Address
 417 FIRST ST. 417 FIRST ST.
 INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3033920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PLUMLEE, PATRICIA
 417 FIRST STREET
 INDIAN ROCKS BEACH, FL 33785

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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
After May 1, 2006 Fee will be \$550.00

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	D PLUMLEE, PATRICIA 417 FIRST STREET INDIAN ROCKS BEACH, FL
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 01/25/06-80032-012 150.00

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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: Patricia Plumlee 1/18/06 727/595-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #