2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S18199

1. Entity Name
GEORGE'S PATIO SHOP, INC.

Principal Place of Business	Mailing Address
6581 43RD STREET	6581 43RD STREET
UNIT 1501	UNIT 1501
PINELLAS PARK, FL 33781 US	PINELLAS PARK, FL 33781 US

DO NOT WRITE IN THIS SPACE

03072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3040883	Not Applicable

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

6. Name and Address of Current Registered Agent

VAN SYCKLE, GEORGE JR
6581 43RD STREET
UNIT 1501
PINELLAS PARK, FL 33781

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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 _____

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, 2006 Fee will be $550.00

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

U00000477369
04/06/06-80038-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAN SYCKLE, GEORGE JR
STREET ADDRESS	6581 43RD STREET, UNIT 1501
CITY-ST-ZIP	PINELLAS PARK, FL 33781

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _George Van Syckle_   3/17/06   727 520 2549

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