

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90283 048 \*\*\*150.00

DOCUMENT # L89169



1. Entity Name  
**PATTI AND MERRITT ENTERPRISES, INC.**

Principal Place of Business  
**610 S C ST  
PENSACOLA FL 32501  
US**

Mailing Address  
**610 SOUTH "C" STREET  
PENSACOLA FL 32501**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business  
**610 So. "C" Street**

3. Mailing Address  
**610 So "C" St.**

Suite, Apt. #, etc.  
**Pensacola, Fl**

City & State  
**Pensacola, Fla**

4. FEI Number **59-3019602**

Applied For  Not Applicable

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

Zip **32501** Country **Escambia** Zip **32501** Country **Escambia**

6. Name and Address of Current Registered Agent  
**MERRITT, JOSIE P.  
610 SOUTH "C" STREET  
PENSACOLA FL 32501**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$650.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DST</b>	<input type="checkbox"/> Delete	TITLE <b>Exec V. Pres</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MERRITT, JOSIE PATTI</b>		NAME <b>Barbara L. Green</b>	
STREET ADDRESS <b>6971 HEATHER OAKS DR.</b>		STREET ADDRESS <b>3968 Hidden Oak Drive</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>PENSACOLA FL 32506</b>		CITY-ST-ZIP <b>Pensacola, Fl 32504</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MERRITT, VALERIE M.</b>		NAME	
STREET ADDRESS <b>6971 HEATHER OAKS DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PENSACOLA FL 32506</b>		CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MERRITT, CHARLES M. JR.</b>		NAME	
STREET ADDRESS <b>6971 HEATHER OAKS DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PENSACOLA FL 32506</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Josie Patti Merritt* **April 5, 06** **850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **434-3193**