

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89169

FILED  
Jul 21, 2010  
Secretary of State

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

**Current Principal Place of Business:**

610 SOUTH  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

610 SOUTH C ST.  
PENSACOLA, FL 32501 US

**Current Mailing Address:**

610 SOUTH  
PENSACOLA, FL 32501 US

**New Mailing Address:**

610 SOUTH C ST.  
PENSACOLA, FL 32501 US

**FEI Number:** 59-3019602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERRITT, JOSIE P.  
610 SOUTH  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MERRITT, JOSIE PATTI  
Address: 6971 HEATHER OAKS DR.  
City-St-Zip: PENSACOLA, FL 32506

Title: D  
Name: MERRITT, VALERIE M.  
Address: 6971 HEATHER OAKS DR.  
City-St-Zip: PENSACOLA, FL 32506

Title: D  
Name: MERRITT, CHARLES M. JR.  
Address: 6971 HEATHER OAKS DR.  
City-St-Zip: PENSACOLA, FL 32506

Title: DT  
Name: SALVATORE, PATANE  
Address: 5644 COLINWOODS DR  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSIE P. MERRITT

PRES

07/21/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date