

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 248790**  
 1. Entity Name  
**PATRICK, INC.**



Principal Place of Business P. O. BOX 2267 2361 DENNIS ST. JACKSONVILLE, FL 32203	Mailing Address P. O. BOX 2267 2361 DENNIS ST. JACKSONVILLE, FL 32203
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01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0967609	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  
 COYLE, J. GARRETT  
 2361 DENNIS ST.  
 JACKSONVILLE, FL 32203

**DO NOT WRITE 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 \_\_\_\_\_ 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 \$550.00**

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

1100000415789  
 02/11/06-80091-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D COYLE, J. GARRETT 3882 BRAMPTON IS COURT N. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COYLE, VINCENT 4874 EMPIRE AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRIER, VALERIE 448 GANO COURT ORANGE PARK, FL
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:**  **J. Garrett Coyle** **1-25-06** **904-356-4821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #