


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 028 ***158.75


DOCUMENT # 426500
 1. Entity Name
PATTON MARINE, INC.



Principal Place of Business
~~2464 SW 22ND STREET~~
~~MIAMI, FL 33145~~ US
2908 S.W. 27th AVE
Miami, FL 33133

Mailing Address
 PO BOX 451135
 MIAMI, FL 33245 US

DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1460604	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

~~PATTON, DONALD M.~~
~~2464 SW 22ND STREET~~
~~MIAMI, FL 33145~~
2908 S.W. 27th AVE
Miami, FL 33133

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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 _____ 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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATTON, MARYSOL 2464 SW 22ND STREET MIAMI, FL 33145 2908 S.W. 27th AVE Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTON, DONALD M 2464 SW 22ND STREET MIAMI, FL 33145 2908 S.W. 27th AVE Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, A THOMAS 11223 S.W. 114TH LANE CIRCLE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: *A. T. Jones* 8-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #