

**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

**2404 SW 22ND STREET
MIAMI, FL 33145 US**

Mailing Address

**PO BOX 451135
MIAMI, FL 33245 US**

**2908 S.W. 27th AVE
Miami, FL 33133**

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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATTON, DONALD M.
2404 SW 22ND STREET
MIAMI, FL 33145**

**2908 S.W. 27th AVE
Miami, FL 33133**

**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

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
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 **V**
NAME **PATTON, MARYSOL**
STREET ADDRESS **2404 SW 22ND STREET**
CITY-ST-ZIP **MIAMI, FL 33145**
**2908 S.W. 27th AVE
Miami, FL 33133**

TITLE **P**
NAME **PATTON, DONALD M**
STREET ADDRESS **2404 SW 22ND STREET**
CITY-ST-ZIP **MIAMI, FL 33145**
**2908 S.W. 27th AVE
Miami, FL 33133**

TITLE **ST**
NAME **JONES, A THOMAS**
STREET ADDRESS **11223 S.W. 114TH LANE CIRCLE**
CITY-ST-ZIP **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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #