

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90002 036 \*\*\*150.00

**DOCUMENT # 558598**

1. Entity Name  
WAYNE PATTON AGENCY, INC.



Principal Place of Business  
96 MIRACLE STRIP PKWY, SE  
FT. WALTON BEACH, FL 32548-5851 US

Mailing Address  
96 MIRACLE STRIP PKWY, SE  
FT. WALTON BEACH, FL 32548-5851 US

**54059815**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1793664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GLOVER, GLENDA L  
96 MIRACLE STRIP PKWY SE  
FT. WALTON BEACH, FL 32548-5851

**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 8, 2004

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	President
NAME	GLENDA GLOVER
STREET ADDRESS	115 WAYNELL CIRCLE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	Vice-President
NAME	Donald Ingram
STREET ADDRESS	110 Nebraska Drive
CITY-ST-ZIP	Ft Walton Bch, FL 32548
TITLE	Secretary
NAME	Rebecca J Dillman
STREET ADDRESS	13 Pryor Road
CITY-ST-ZIP	Ft Walton Bch, FL 32548
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 exemption stated in Section 119.07(3)(i), 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:**

*Glenda Glover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-2004

Date

850-244-5143

Daytime Phone #