


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F07000000078</b> 1. Entity Name <b>PATCO ELEVATOR SERVICE, INC</b>	
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Principal Place of Business <b>13017 5TH ST LILLIAN, AL 36549</b>	Mailing Address <b>13017 5TH ST LILLIAN, AL 36549</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>74-3190039</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MERRITT, DIANN 21 RANDOLPH DR PENSACOLA, FL 32506</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u><i>Diann Merritt</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: <u>3-28-07</u>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PATTERSON, JAMES T SR. 13017 5TH ST LILLIAN, AL 36549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PATTERSON, ELIZABETH A 13017 5TH ST LILLIAN, AL 36549
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<p>U00000669503 03/27/07-80073-018 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u><i>James T. Patterson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: <u>3/1/07</u> Daytime Phone #: <u>251-269-7191</u>
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