


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # G17507 1. Entity Name PATTON, INC.		
Principal Place of Business 1200 W RETTA ESPLANADE UNIT K-16 PUNTA GORDA FL 33950		Mailing Address 1200 W RETTA ESPLANADE UNIT K-16 PUNTA GORDA FL 33950
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2252194		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;"> 6. Name and Address of Current Registered Agent LORINI, ANTHONY J 2837 DON QUIXOTE DR PUNTA GORDA FL 33950 </td> <td style="width: 50%; padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City </td> </tr> <tr> <td></td> <td style="text-align: right; padding: 5px;"> FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent LORINI, ANTHONY J 2837 DON QUIXOTE DR PUNTA GORDA FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		FL Zip Code
6. Name and Address of Current Registered Agent LORINI, ANTHONY J 2837 DON QUIXOTE DR PUNTA GORDA FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
	FL Zip Code					

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	LORINI, ANTHONY J	NAME	
STREET ADDRESS	2837 DON QUIXOTE DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DVS	TITLE	
NAME	LORINI, PATRICIA C	NAME	
STREET ADDRESS	2837 DON QUIXOTE DR	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000225338
02/11/05-80024-019 150.00

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: *Patricia C. Lorini* 2/5/05 941-639-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/hrs/Phone #