2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				\neg FILED
DOCUMENT # G17507 1. Entity Name PATTON, INC.				Feb 05, 2007 08:00 AN Secretary of State
Principal Place of Business . Mailing Address 1200 W RÉTTA ESPLANADE UNIT K-16 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 Mailing Address 1200 W RETTA ESPLAI PUNTA GORDA FL 33950				
Principal Place of Business - No P.O Box # 3. Mailing Address				-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		City & Stale		4. FEI Number 59-2252194 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
 -	6. Name and Address of Curren	Registered Agent	1	7. Name and Address of New Registered Agent
			Name	
LORINI, ANTHONY J 2837 DON QUIXOTE DR PUNTA GORDA FL 33950			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 effice 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 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY+ST-7(P	D LORINI, ANTHONY J 2837 DON QUIXOTE DR PUNTA GORDA, FL 00000	☐ Delicte	1ITLE NAME SIREET ADDRESS CHY-SI-ZIP	U00000623908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LORINI, PATRICIA C 2837 DON QUIXOTE DR PUNTA GORDA, FL 00000	☐ Delete	TITLE. NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLF NAMF STREET ADDRESS CITY-ST-ZIP		□ Delete	IITLE - NAME. STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDITESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report i	s true and accurate and that powered to execute this repo	my signature shall have the ort as required by Chapter 6	ed in Section 119, Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: PATRICIA C. LORINI 1/30/07 6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description

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