

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90019 041 ***150.00

DOCUMENT # K00242

1. Entity Name

PATRICK ACCOUNTING & TAXES, INC.



Principal Place of Business

2154 MARINER BLVD
SPRING HILL, FL 34609 US

Mailing Address

2216 BATTEN RD.
BROOKSVILLE, FL 34602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



01072004 Chg-P CR2E034(10/03)

4. FEI Number

59-2857148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICK, PATTI S.
2216 BATTEN RD.
BROOKSVILLE, FL 34602

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PATRICK, PATTI S.
STREET ADDRESS 2216 BATTEN RD.
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE VD ☐ Delete
NAME PATRICK, WILLIAM D.
STREET ADDRESS 2216 BATTEN RD.
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE TD ☐ Delete
NAME PATRICK, SANDRA L.
STREET ADDRESS 2208 BATTEN RD.
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE SD ☐ Delete
NAME PATRICK, TAMMY S.
STREET ADDRESS 4435 UNION SPRINGS RD.
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 S. Patrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

352 683 9124

Daytime Phone #