

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90012 007 \*\*\*150.00

**DOCUMENT # K38765**

1. Entity Name  
**PATT'S ENTERPRISES OF FLORIDA, INC.**



Principal Place of Business  
**821 VANCE CIRCLE NE  
PALM BAY, FL 32905 US**

Mailing Address  
**821 VANCE CIRCLE NE  
PALM BAY, FL 32905 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2633110**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUIDONE, ANTHONY L.  
821 VANCE CIRCLE NE  
PALM BAY, FL 32905**

Name  
**ANTHONY C GUIDONE**

Street Address (P.O. Box Number is Not Acceptable)

**430 HEATHER AVENUE NE**

City  
**Palm Bay**

**FL**

Zip Code  
**32907**

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, 2005 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**GUIDONE, ANTHONY C** ☐ Delete  
**430 HEATHER AVE, NE**  
**PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President, Treasurer,** ☒ Change ☐ Addition  
**DIRECTOR**  
**(ANTHONY C. GUIDONE)**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP** ☐ Delete  
**GUIDONE, PHYLLIS**  
**821 VANCE CIRCLE NE**  
**PALM BAY, FL 32905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** ☒ Delete  
**RODRIGUEZ, VIVIAN S**  
**1799 MACKLIN ST**  
**PALM BAY, FL 32907**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D** ☐ Delete  
**GUIDONE, ANTHONY L**  
**821 VANCE CIRCLE NE**  
**PALM BAY, FL 32905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/21/2005**

**321-676-4025**