


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 Mailing Address
821 VANCE CIRCLE NE **821 VANCE CIRCLE NE**
PALM BAY, FL 32905 US **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 Applied For
59-2633110 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUIDONE, ANTHONY L.
821 VANCE CIRCLE N E
PALM BAY, FL 32905

7. Name and Address of New Registered Agent

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]* DATE **01/21/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUIDONE, ANTHONY C	
STREET ADDRESS	430 HEATHER AVE, NE	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUIDONE, PHYLLIS	
STREET ADDRESS	821 VANCE CIRCLE NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, VIVIAN S	
STREET ADDRESS	1799 MACKLIN ST	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIDONE, ANTHONY L	
STREET ADDRESS	821 VANCE CIRCLE NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Treasurer,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	(ANTHONY C. GUIDONE)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date **01/21/2005** Daytime Phone # **321-676-4025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR