2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89169

Title:

Name: Address:

City-St-Zip:

DT

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SALVATORE, PANTANE

5644 COLINWOODS DR

MILTON, FL 32583

Entity Name: PATTI AND MERRITT ENTERPRISES, INC.

FILED Jul 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 610 SOUTH "C" ST 610 SOUTH PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US **Current Mailing Address: New Mailing Address:** 610 SOUTH "C" STREET 610 SOUTH PENSACOLA, FL 32501 PENSACOLA, FL 32501 FEI Number: 59-3019602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MERRITT, JOSIE P MERRITT, JOSIE P. 610 SOUTH "C" STREET 610 SOUTH PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US 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. SIGNATURE: JOSIE PATTI MERRITT 07/05/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition MERRITT, JOSIE PATTI, Name: Name: 6971 HEATHER OAKS DR. Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MERRITT, VALERIE M. Name: 6971 HEATHER OAKS DR. Address: Address: PENSACOLA, FL 32506 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MERRITT, CHARLES M. JR. Name: Name: 6971 HEATHER OAKS DR. Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSIE PATTI MERRITT PSD 07/05/2008

() Change () Addition