2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000056036

1. Entity Name
PATRICK SPINA, INC.

Principal Place of Business	Mailing Address
430 WILTSHIRE AVE SW	430 WILTSHIRE AVE SW
PALM BAY, FL 32908	PALM BAY, FL 32908

DO NOT WRITE IN THIS SPACE

03042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3722991	Not Applicable

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

6. Name and Address of Current Registered Agent

SPINA, PATRICK
430 WILTSHIRE AVE SW
PALM BAY, FL 32908

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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

TITLE	DPST
NAME	SPINA, PATRICK
STREET ADDRESS	430 WILTSHIRE AVE SW
CITY-ST-ZIP	PALM BAY, FL 32908

TITLE	D
NAME	TUCKER, SHELDA
STREET ADDRESS	731 SAMUEL HUNTINGTON LN
CITY-ST-ZIP	W MELBOURNE, FL 32904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Patrick Spina Pres 3/4/05_   32 1   724-9869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #