
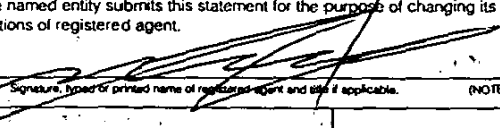
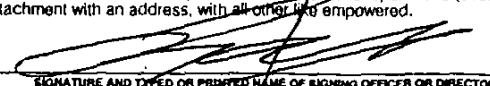


FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90063 009 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000020908			
1. Entity Name PATRIOT OUTSOURCING SERVICES, CORPORATION			
Principal Place of Business 7800 POINTE MEADOW DRIVE SUITE 1533 JACKSONVILLE, FL 32256		Mailing Address 7800 POINTE MEADOW DRIVE SUITE 1533 JACKSONVILLE, FL 32256	
2. Principal Place of Business 10961 Burnt Mill Rd Suite, Apt. #, etc. Suite 1125 City & State JACKSONVILLE - FL Zip 32256 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip 32256 Country	
4022005		Chg-P CR2E034 (10/03)	
4. FEI Number 02-0557478		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, JAMES A 7800 POINTE MEADOW DRIVE SUITE 1533 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name JAMES A. MOORE Street Address (P.O. Box Number is Not Acceptable) 10961 Burnt Mill Rd Suite 1125 City JACKSONVILLE FL Zip Code 32256	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/9/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PTD MOORE, JAMES A 7800 POINTE MEADOW DRIVE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP AS ABOVE. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.			
SIGNATURE: 		Date 4/9/05 Daytime Phone #	