

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90054 041 ***150.00

DOCUMENT # P02000020908	
1. Entity Name PATRIOT OUTSOURCING SERVICES, CORPORATION	

Principal Place of Business 10961 BURNT MILL RD SUITE 1125 JACKSONVILLE, FL 32256	Mailing Address 10961 BURNT MILL RD SUITE 1125 JACKSONVILLE, FL 32256
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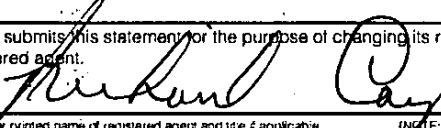
2. Principal Place of Business Suite, Apt. #, etc. 9838 OLD Baymeadows Rd #228 City & State JACKSONVILLE, FL Zip 32256 County DUVAL	3. Mailing Address Suite, Apt. #, etc. 9838 OLD Baymeadows Rd #228 City & State JACKSONVILLE, FL Zip 32256 County DUVAL
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02222006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MOORE, JAMES A 10961 BURNT MILL RD SUITE 1125 JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent Name RICHARD CAMP Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway #2201 City JACKSONVILLE FL Zip Code 32216	
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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  DATE 2/22/06	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MOORE, JAMES A 10961 BURNT MILL RD, STE 1125 JACKSONVILLE, FL 32256 <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
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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 exemptions contained 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 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.	
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SIGNATURE: 	2/23/06
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