## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2006 8:00 am Secretary of State

DOCUMENT # P02000034576  1. Entity Name PATTERSON ENTERPRISES, INC.						03-15-2006 9	90092 015 ***150	).00	
Principal Place of Business 4913 NW 69TH PL		Mailing Address 4913 NW 69TH PL	<u> </u>		•	•			
GAINESVILLE, FL 32653		GAINESVILLE, FL 32653	•	:	#	i ssiis fisik ssii) ssiii psii	n <b>seiss</b> iilki sissi skin issis k	111 <b>20   1 122</b> 1	
2. Principal Place of Business		3. Mailing Address	ithistre	p+					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 5	<u> </u>		03042006	Chg-P	CR2E034 (11/05)		
City & State		Camesville	FL		4. FEI Number 01-0641016		Applied For Not Applicable		
Zip	Country	32605 1	JSA			of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent						
FINANCIAL FOUNDATION, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
			City C.	Su	1165		<b>□</b> Zin Coc	te -	
The above gamed entity submits this statement for the purpose of changing its register.				PAIY register	red agent, or bo	oth, in the State of Flo	orida. I am familiar with	and accept	
the obligations of registered agent									
SIGNATURE Signature, tropp or printed name of regulatored agent and title if applicable. (NOTE: Registered Agent signal					when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS	PRES PATTERSON, DAVID K 4913 NW 69TH PL	<b>□</b> Delete	TITLE NAME STREET ADDRESS	490	NN 80	34m Stree	t, Suite 5	☐ Addition	
CITY-ST-ZIP	GAINESVILLE, FL 32653	Delete	CITY-ST-ZIP	_Cm	unes vill	le FL 321	Change □	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PATTERSON, VERNON M 4913 NW 69TH PLACE GAINESVILLE, FL 32653	L Detete	NAME STREET ADDRESS CITY-ST-ZiP				Onerage		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP		or an arrangement of the contract of the contr	CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			•	☐ Change	Addition Addition	
CITY-ST-ZIP		Delete	CITY-ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	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 of 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.									