

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 008 ***150.00

DOCUMENT # P02000116932 1. Entity Name PROFESSIONAL PATCH & REPAIR, INC.	
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Principal Place of Business 4782 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32301	Mailing Address 4782 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1028677	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MONTI, R J
743 RED FERN ROAD
TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, LUIS E 4782 DRESTON JOHNSON ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENFIELD, DANIEL 4708 ROYESTRAW VIEW TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTI, R.J. 743 RED FERN RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MOORE, TONY 1304 WHIPPERWOLL DRIVE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Louis E. Davis 2-16-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR