



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000116932 1. Entity Name PROFESSIONAL PATCH & REPAIR, INC.						FILED 05 MAY 25 PM 3:53 SECRET TALLAHASSEE, FLORIDA 	
Principal Place of Business 4782 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32301				Mailing Address 4782 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32301			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05252005 Chg-P CR2E034 (10/03) 4. FEI Number 33-1028677 Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MONTI, R J 743 RED FERN ROAD TALLAHASSEE, FL 32308			
7. Name and Address of New Registered Agent Name							
Street Address (P.O. Box Number is Not Acceptable)							
City FL Zip Code							
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 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, LOIS E <input type="checkbox"/> Delete 4782 DRESTON JOHNSON ST TALLAHASSEE, FL 32310			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENFIELD, DANIEL <input type="checkbox"/> Delete 4708 ROYESTRAW VIEW TALLAHASSEE, FL 32310			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700055363717 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/09/05--01031--009 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTI, R.J. <input type="checkbox"/> Delete 743 RED FERN RD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MOORE, TONY <input type="checkbox"/> Delete 1304 WHIPPERWOLL DRIVE TALLAHASSEE, FL 32310			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 like empowered.							
SIGNATURE: <u>Lois E Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>5-24-2005</u> <small>Date Daytime Phone #</small>			