

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90229 007 \*\*\*150.00

**DOCUMENT # P03000036763**

1. Entity Name  
**JOHN S. PATTERSON, P.A.**



Principal Place of Business  
**13515 4TH PLZ EAST  
BRADENTON, FL 34202 US**

Mailing Address  
**P.O. BOX 2132  
SARASOTA, FL 34230 US**

**50052527**



2. Principal Place of Business  
**343 W. Davidson St.**

3. Mailing Address  
**P.O. Box 69**

Suite, Apt. #, etc.  
**Suite 102**

City & State  
**Bartow, FL**

City & State  
**Wauchula, FL**

Zip  
**33830**

Country  
**USA**

04212005 Chg-P CR2E034 (10/03)

4. FEI Number  
**57-1162238**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PATTERSON, JOHN S  
13515 4TH PLZ EAST  
BRADENTON, FL 34212**

7. Name and Address of New Registered Agent  
Name  
**PATTERSON, John J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**343 W. Davidson St**  
Suite 102  
City  
**Bartow** **FL** Zip Code  
**33830**

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 **5-1-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	DPST PATTERSON, JOHN S ESQ 13515 4TH PLAZA EAST BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST PATTERSON, John S. Esq P.O. Box 69 Wauchula, FL 33893 <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	DPST PATTERSON, John S. 343 W. Davidson St, Suite 102 Bartow, FL 33830 <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
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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 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: **John S Patterson** **5-1-05** **941-518-1031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #