

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 047 ***150.00

DOCUMENT # P03000060983

1. Entity Name
PATTY MORRIS REALTY, INC.



Principal Place of Business
**6444 STARFISH COVE
GULF BREEZE, FL 32563**

Mailing Address
**6444 STARFISH COVE
GULF BREEZE, FL 32563**

2. Principal Place of Business

P.O. Box 5114

Suite, Apt. #, etc.

NAVARRE FL

City & State

32566

Zip

Country

SANTA ROSA

3. Mailing Address

P.O. Box 5114

Suite, Apt. #, etc.

NAVARRE, FL

City & State

32566

Zip

Country

SANTA ROSA



02192005

Chg-P

CR2E034 (10/03)

4. FEI Number

APPLIED FOR-76-073-5201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALMER, RAYMOND B ESQUIRE
913 GULF BREEZE PKWY STE 41
GULF BREEZE, FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**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

TITLE **DPST** ☐ Delete
NAME **MORRIS, PATTY**
STREET ADDRESS **6444 STARFISH COVE**
CITY-ST-ZIP **GULF BREEZE, FL-32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Patty Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Official Phone #

2-21-05 850-939-3813