


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000091361
 1. Entity Name
 PAT'S TACK, INC.



Principal Place of Business Mailing Address
 38880 US HWY 19 38880 US HWY 19
 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0148944 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 LOSCALZO, PATRICIA
 38880 US HWY 19
 TARPON SPRINGS, FL 34689

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | P LOSCALZO, PATRICIA 38880 US HWY 19 TARPON SPRINGS, FL 34689 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VP LOSCALZO, LOUIS 38880 US HWY 19 TARPON SPRINGS, FL 34689 |
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 03/06/08-80049-015-150.00

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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 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: *Patricia Loscalzo* *Patricia Loscalzo* *2/25/08* *727-943-9111*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #