

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091361

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: PAT'S TACK, INC.

**Current Principal Place of Business:**

38880 US HWY 19  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

38880 US HWY 19  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 20-0148944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOSCALZO, PATRICIA  
38880 US HWY 19  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOSCALZO, PATRICIA  
Address: 38880 US HWY 19  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete  
Name: LOSCALZO, LOUIS  
Address: 38880 US HWY 19  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA LOSCALZO

P

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date