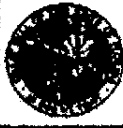
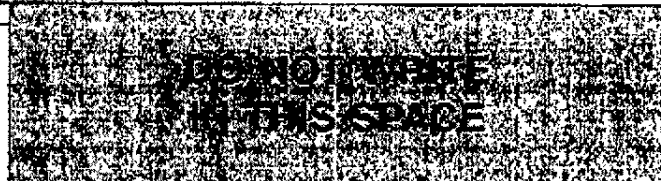
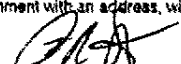


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000126167			
1. Entry Name PATRICK SACKETT, INC.			
Principal Place of Business 802 SCRUB OAK ST S DAYTONA BCH, FL 32119		Mailing Address 802 SCRUB OAK ST S DAYTONA BCH, FL 32119	
		03212005 No Chg-P CR2E034 (10/03)	
		4. FBI Number 14-1899694 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SACKETT, PATRICK R 802 SCRUB OAK ST S DAYTONA BCH, FL 32119			
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 file if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Fee:	
		UN0000280068 03/30/05-80004-012 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	DPST		
NAME	SACKETT, PATRICK R		
STREET ADDRESS	802 SCRUB OAK ST		
CITY-ST-ZIP	S DAYTONA BCH, FL 32119		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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)(f), 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: 		PATRICK R. SACKETT 3/26/05 386-299-5832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	