# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000126167

1. Entity Name
PATRICK SACKETT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 802 SCRUB OAK ST<br>S DAYTONA BCH, FL 32119 | 802 SCRUB OAK ST<br>S DAYTONA BCH, FL 32119 |

DO NOT WRITE IN THIS SPACE

03212005 No Chg-P CR2E034 (10/03)

4. FEI 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

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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 _____ DATE
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

U00000280068
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 | |
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| CITY-ST-ZIP | |

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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:** PATRICK R. SACKETT 3/26/05 386-299-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #