## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000012850

1 FERNCREST DR.

CUMBERLAND, RI 02864

Address:

City-St-Zip:

Entity Name: PATRIOT MOTORS OF MELBOURNE. INC

FILED May 06, 2005 Secretary of State

Entity Nar	me: PATRIOT	MOTORS OF MELBOURNE,	INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	BCOCK ST. RNE, FL 32901						
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
933 OSPR MELBOUR	EY DR. RNE, FL 32940	)		BCOCK ST. RNE, FL 32901			
FEI Number:	: 37-1482764	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
The above	RNO RD. RNE, FL 32935 named entity s		ourpose of changing	its registered o	ffice or registered agent, or both	١,	
	e of Florida.						
SIGNATUR		ic Signature of Registered Age	ent ent		Date	-	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive the prior notic	e.			
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	D () VARSEN, ARIF 933 OSPREY D MELBOUNE, FL	R.	Title: Name: Address: City-St-Zip:	P (X) VARSEN, ARIF 5290 SOMERVI ROCKLEDGE, I	LLE DR		
Title: Name: Address: City-St-Zip:	D () VARSEN, ARIF 1 FERNCREST CUMBERLAND,	DR.	Title: Name: Address: City-St-Zip:	V (X) VARSEN, TERE 5290 SOMERVI ROCKLEDGE, I	LLE DR		
Title: Name: Address: City-St-Zip:	D () VARSEN, TERE 933 OSPREY D MELBOURNE, I	R.	Title: Name: Address: City-St-Zip:	D (X) VARSEN, ARIF 1850 INDEPEN MELBOURNE, I	DENCE AVE		
Title: Name:	D (X) VARSEN, HATIO	Delete CE N	Title: Name:	( )	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: TERESA M VARSEN V 05/06/2005