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Secretary of State

02-21-2005 90069 025 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000034165

1. Entity Name
PAT CORPORATION OF POLK COUNTY

Principal Place of Business
SUBWAY SANDWICHES & SALADS
1094 SPIRIT LAKE RD
WINTER HAVEN, FL 33880-1226

Mailing Address
PO Box 90125
Lakeland, FL 33804-0125

66013110

01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 34-1981440 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, TRICIA D
1094 SPIRIT LAKE RD
WINTER HAVEN, FL 33880-1226

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDSON, PATRICIA A 1094 SPIRIT LAKE RD WINTER HAVEN, FL 33880-1226 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, TRICIA D 1094 SPIRIT LAKE RD WINTER HAVEN, FL 33880-1226 ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Tricia D. Davis 2/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #