2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Feb 10, 2005 8:00 am Secretary of State DOCUMENT # P04000107450 1. Entity Name 02-10-2005 90056 014 ***158.75 PATRIOT BANK Principal Place of Business Mailing Address 1813 LITTLE RD. 1813 LITTLE RD. 50013337 TRINITY, FL 34655 TRINITY, FL 34655 2. Principal Place of Business 3. Malling Address 1815 Little Road 1815 Little Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number Trinity, Florida Not Applicable Trinity, Florida 20-0830384 Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 34655 34655 Fee Required 7. Name and Address of New Registered Agent 6... Name and Address of Current Registered Agent-Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete D NAME BAKER, MICHAEL C NAME Baker, Michael C. 7231 BREITENFIELD PL. STREET ADDRESS STREET ADDRESS 7231 Breitenfield Place CITY-ST-ZIP BIRMINGHAM, AL CITY-ST-ZIP Birmingham, AL 35242 TITLE Delete TITLE Change ☐ Addition D NAME CARTAGENA, RICHARD A NAME Cartagena, Richard A. STREET ADDRESS 30798 US 19 N. STREET ADDRESS 355 Mobbly Bay Drive CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP Oldsmar, FL 34677 .D____ D. Change - - - Addition TITLE Delete - -NAME CRONIN, MICHAEL T NAME Cronin, Michael T. STREET ADDRESS 911 CHESTNUT ST. STREET ADDRESS 70 Stanton Circle CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL Oldsmar, FL 34677 TITLE TITLE Delete Change ☐ Addition DENNISON, JOEL F NAME NAME Dennison, Joel F. 6752 RIVER RD. STREET ADDRESS STREET ADDRESS 6752 River Road CITY - ST-ZIP NEW PORT RICHEY, FL CITY-ST-ZIP New Port Richev, FL 34652 TITLE Change Addition TITLE Delete Hensley, Jeffrey 2980 Meadow Hill Drive HENSLEY, JEFFREY STREET ADDRESS 2600 TAMPA RD. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL CITY-ST-ZIP Clearwater, FL 33761 TITLE TITLE Change Addition ☐ Delete JEWELL, GREGORY C NAME Jewell, Gregory C. 1610 HAMPTON LANE STREET ADDRESS STREET ADDRESS 1610 Hampton Lane CITY-ST-ZIP CITY - ST-ZIP SAFETY HARBOR, FL Safety Harbor, FL 34695 12. Thereby 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

JOHN C. ARCHER

Fas 2, 2005

FILED

2005 FOR PROFIT CORPORATION

	ANNUAL	_report							
DOCU 1. Entity Nam PATRIOT		7450			ATTACHMENT				
Principal Plac	e of Business	Mailing Address							
1813 LITTLE RD. TRINITY, FL 34655		1813 LITTLE RD. TRINITY, FL 34655			500/3337				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01102005 Chg-P CR2E034 (10/03)				
City & Stat	е	City & State			4. FEI Number Applied For Not Applied				
Zip	Country Zip			itry	5. Certificate of Status Desired 58.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent				
	Vi			Street Add	dress (P.O. Box Number is Not Acceptable)				
1	· .								
			ĺ	City	FL Zip Code				
	named entity submits this statement for ons of registered agent.	the purpose of changing its	s registere	ed office or re	egistered agent, or both, in the State of Florida. I am familiar with, and acce				
SIGNATURE_	S				required when reinstating) DATE				
	Signature, typed or printed name of registered agent a	INCI III II	L: Hepisterer	n võeui siõusmie	required when reinstating) DATE				
FIL: After Ma	NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_	icing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	☐ Delete	TITLE		D Change Addii				
NAME STREET ADDRESS CITY-ST-ZIP	Ora, Melvin D. 1155 Skye Lane			ET ADDRESS -ST-ZIP	Ora, Melvin D. 1155 Skye Lane				
TITLE	Palm Harbor, FL D	Delete	TITLE		Palm Harbor, FT. 34683 D X Change Addit				
NAME STREET ADDRESS	Salzman, Andrew J. 959 Riverside Ridge Road			ET ADDRESS	Salzman, Andrew J. 959 Riverside Ridge Road				
CITY-ST-ZIP	Tarpon Springs, FL			ST-ZIP	Tarpon Springs, FL 34689				
NAME STREET ADDRESS	D			T ADDRESS	及Change □ Addition				
CITY-ST-ZIP	Dunedin, FL		4	ST-ZIP	Dunedin, FL 34698				
NAME STREET ADDRESS	D Shaffer, Roy E. Jr. 1200 Gulf Blvd., #1	Delete	12	T ADDRESS	D				
CITY - ST-ZIP	Clearwater, FL	☐ Delete	TITLE	ST-ŽIP	Clearwater, FT. 33767				
NAME STREET ADDRESS CITY - ST-ZIP			ii .	T ADDRESS					
TITLE		☐ Delete	TITLE	ST-7IP	☐ Change ☐ Additi				
NAME STREET ADDRESS CITY-ST-ZIP			u i	T ADDRESS ST-ZIP					
indicated of the cor	on this report or supplemental report is	true and accurate and that n wered to execute this report	ny signati as require	ure shall hav	I in Section 119.07(3)(i), Fiorida Statutes. I further certily that the information re the same legal effect as if made under oath; that I am an officer or director left 607, Fiorida Statutes; and that my name appears in Block 10 α Block 11				
SIGNAT	URE:	RINTED NAME OF SIGNING OFFICER	AD DIDEAT	OB .	Dale Davame Phona t				
\	SIGNATURE AND I THEN OH PI	SHOULD NAME OF SIGNING OFFICER	on ointoil	on .	Usile Usiyime Phona fi				

2005 FOR PROFIT CORPORATION

ANNUAL REPORT

	ANNUAL	KEPORT		•	 -				
DOCU 1. Entity Nan PATRIO		7450)	ATTACHI	MEN.	T	
Principal Plac	ce of Business	Mailing Address			7				
1813 LITTLE TRINITY, FL	ERD.	1813 LITTLE RD. TRINITY, FL 34655			500/3337				
2. Principal P	Place of Business	3. Mailing Address					_ \	م د است :	
Suite, Apt.		Suite, Apt. #, etc.			01102005	Chg-P	CR2E	034 (10/03)	
City & Stat		City & State			4. FEI Numb	er 		N	pplied For ot Applicable
Zip 	Country	Zip			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
→	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered.	Agent	
			Street Address	(P.O. Box Numb	er is Not Acceptable	:)		· · · · · · · · · · · · · · · · · · ·	
,			[City				Zip.Cod	4
	named entity submits thic statement for	the purpose of changing its	s registere		red agent, or bo	th, in the State of Flo	rida. I am	<u>- </u>	
	ions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title à applicable. (NOT	E: Registered	Agent signature require	ri when rainstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_		.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.	L 0/5		CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE .	D Delete			C/D		tophon C		X Change	Addition
STREET ADDRESS CITY-ST-ZIP	Zahorian, Stephen G. 1464 Briargrove Way Oldsmar, FL 34677			TADDRESS 146	ahorian, Stephen G. 164 Briargrove Way Ldsmar, FL 34677				
TITLE	D Delete			P/D					
NAME STREET ADDRESS	Kohler, Robert L. 4536 Bardsdale Drive			TADDRESS 453	ler, Robert L. 6 Bardsdale Drive				
CITY-ST-ZIP	Palm Harbor, FL				Palm Harbor, FL 34685				C and the
NAME STREET ADDRESS CITY-ST-ZIP		Delate -	TITLE NAME STREET	Gre	gory, Mic 7 Mehlros leair, Fl	chael F. se Avenue	•	Change _	_ Addition
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indicated of the col changed	certify that the information supplied with fon this report or supplemental report is rporation or the receiver or trustee emporal, or on an attachment with an address, v	true and accurate and that r wered to execute this report	my signatu . as require	ire shall have the	same legal elter	t as it made under o	ath: that I s	am an officer.	or director
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTO	ря		Uale	ں	pvime Phona f	, -