

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030668

FILED
Apr 06, 2005
Secretary of State

Entity Name: PATCHTAR CORPORATION

Current Principal Place of Business:

6291-147TH AVE NORTH
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

6291-147TH AVE NORTH
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-2176669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLY, DORIS M
6291 147TH AVE NORTH
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LILLY, DORIS M
Address: 6291-147TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: LILLY, C J
Address: 6291 147TH AVE NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: LILLY, PATRICIA J
Address: 2288 HERON CIRCLE
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: LILLY, CHRISTINE M
Address: 2288 HERON CIRCLE
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: LILLY, TARA M
Address: 2288 HERON CIRCLE
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DORIS M LILLY

PD

04/06/2005

Electronic Signature of Signing Officer or Director

_____ Date