

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000060048

1. Entity Name
PATCO TRANSPORT, INC.



Principal Place of Business
**10272-B SE 58TH AVE
BELLEVIEW, FL 34421 US**

Mailing Address
**PO BOX 2829
BELLEVIEW, FL 34421 US**

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3202425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, PAT
511 MULBERRY STREET
COLEMAN, FL 33521**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCLAUGHLIN, PAT
P.O. BOX 1586
BELLEVIEW, FL 34421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MCLAUGHLIN, DONNA P
PO BOX 1586
BELLEVIEW, FL 34421**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN0000302033
04/13/05-80055-019 150.00

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IN THIS SPACE**

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:

Donna P. McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05
Date

352 748 3482
Daytime Phone #