2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

4723 THOMAS DRIVE PANAMA CITY BEACH FL 32408

DOCUMENT # P93000088891

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

PATCHES PUB, INC.

Principal Place of Business

2. Principal Place of Business

Suite. Apt. #, etc.

City & State

Zip

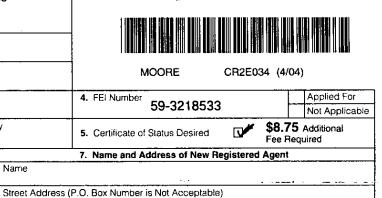
4723 THOMAS DRIVE PANAMA CITY BEACH FL 32408



FILED Aug 09, 2004 8:00 am Secretary of State

08-09-2004 90012 028 ***558.75

44051673



HESS, GLENN L 9108 FRONT BEACH RD. PANAMA CITY BEACH FL 32408

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.

Country

Name

City

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be

Zip Code

Simple Office (Applied Office and September 2) and the september 2) and										
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME STREET ADDRESS	D RUSIN, GERALD H 4812 SPYGLASS PANAMA CITY BEACH FL 32408	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP.	DIANE 5418 PANAM	NOLE PINETR A C.IT	Æ	AVE BEACH	Change	,	
	D RUSIN, JINNY J 4812 SPYGLASS PANAMA CITY BEACH FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					_ Change	☐ Addition	
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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: