

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000088891

1. Entity Name
PATCHES PUB, INC.



Principal Place of Business
4723 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

Mailing Address
4723 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3218533

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NOLES, DIANE ☒ Delete
STREET ADDRESS 5418 PINETREE AVE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE D
NAME RUSIN, JINNY J ☐ Delete
STREET ADDRESS 4812 SPYGLASS
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RUSIN, GERALD H ☒ Change ☐ Addition
STREET ADDRESS 4812 SPYGLASS
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE
NAME 700106615707
STREET ADDRESS 07/24/07--01018--001 **70.00
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME B 7/19/07 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 JUL 18 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

