

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000070524

1. Entity Name
PATCHES GALORE, INC.



Principal Place of Business
8915 US 301 N
PARRISH, FL 34219 US

Mailing Address
8915 US 301 N
PARRISH, FL 34219 US

FILED

04 FEB 13 PM 2:46

STATE OF FLORIDA



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0617019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANKROM, LOIS M
8915 US 301 N
PARRISH, FL 34218

**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 *Lois M. Ankrom*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
BRISCOE, L. LYNN
2811 89TH AVE EAST
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ANKROM, LOIS M
2267 PINEVIEW CIRCLE
SARASOTA, FL 34231

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

800029124938
02/20/04--01027--018 **150.00

**DO NOT WRITE
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:

Lynn Briscoe
L. LYNN BRISCOE
PRES.

Date

2/5/04 941-776-5669
Daytime Phone #