

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0617019

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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)

3/7/07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | P                    |
| NAME           | BRISCOE, L. LYNN     |
| STREET ADDRESS | 2811 89TH AVE EAST   |
| CITY-ST-ZIP    | PARRISH, FL 34219    |
| TITLE          | VS                   |
| NAME           | ANKROM, LOIS M       |
| STREET ADDRESS | 2267 PINEVIEW CIRCLE |
| CITY-ST-ZIP    | SARASOTA, FL 34231   |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

U000000664843  
03/22/07-80062-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lynn Briscoe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07  
Date

Daytime Phone #