

**2008 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**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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)

7/5/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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	

000000955110  
07/16/08-80003-010 150.00

**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: Lois M. Ankrom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois M. Ankrom  
Date

941-776-5669  
Daytime Phone #