

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90105 006 \*\*\*150.00

<b>DOCUMENT # P99000038093</b> 1. Entity Name <b>PATMAC SYSTEMS, INC.</b>			
Principal Place of Business <del>4581 NW 8TH ST</del> <del>SUITE 1</del> <del>GAINESVILLE FL 32609</del>		Mailing Address <del>4581 NW 8TH ST</del> <del>SUITE 1</del> <del>GAINESVILLE FL 32606</del>	
2. Principal Place of Business <b>1325 NW 53 Ave</b> Suite, Apt. #, etc. <b>Suite D</b> City & State <b>Gainesville FL</b> Zip <b>32609</b>		3. Mailing Address <b>1325 NW 53 Ave</b> Suite, Apt. #, etc. <b>Suite D</b> City & State <b>Gainesville FL</b> Zip <b>32609</b>	
Country <b>Alachua</b>		Country <b>Alachua</b>	
4. FEI Number <b>59-3574068</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCKIVIGAN, PATRICK M</b> <b>10710 NE 81ST ST</b> <b>GAINESVILLE FL 32609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Patrick McKivigan</i></u> <b>Patrick McKivigan</b> <span style="float: right;"><u>4/27/05</u></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MCKIVIGAN, PATRICK M</b> <b>3620 NW 108TH BLVD.</b> <b>GAINESVILLE FL 32606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MCKIVIGAN, LORI A</b> <b>3620 NW 108TH BLVD.</b> <b>GAINESVILLE FL 32606</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Patrick McKivigan</i></u> <b>Patrick McKivigan</b>		<u>4/27/05</u> <small>Date Daytime Phone #</small>	