


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90039 004 ***150.00

DOCUMENT # P99000064396			
1. Entity Name MISS PATTY FORMERLY YOURS, INC.			
Principal Place of Business 711-B (A1A) BEACH BLVD. ST. AUGUSTINE BEACH, FL 32084		Mailing Address 711-B (A1A) BEACH BLVD. ST. AUGUSTINE BEACH, FL 32084	
2. Principal Place of Business 42 HOWE AVENUE		3. Mailing Address P.O. BOX 1171	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LABELLE, FL		City & State LABELLE, FL	
Zip 33935	Country USA	Zip 33975	Country USA
6. Name and Address of Current Registered Agent ELLISON, PATRICIA E 711-B (A1A) BEACH BLVD. ST. AUGUSTINE BEACH, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4140 - 27TH G. SW City NAPLES FL Zip Code 34116	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PVST ELLISON, PATRICIA 711-B (A1A) BEACH BLVD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4140 - 27TH G. SW NAPLES, FL 34116
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE

Patricia E. Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICIA E. ELLISON PRES. 863-674-5773