2004 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P99000064396 04-14-2004 90039 004 ***150.00 MISS PATTY FORMERLY YOURS, INC. Principal Place of Business Mailing Address 711-B (A1A) BEACH BLVD. 711-B (A1A) BEACH BLVD. **ERATENS** ST. AUGUSTINE BEACH, FL 32084 ST. AUGUSTINE BEACH, FL 32084 2. Principal Place of Business P.O.BO 4<u>a Howe</u> AUENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 CR2E034 (10/03) Chg-P Applied For City & State City & State ABELL 4. FEI Number 59-3593566 ABEU Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLISON, PATRICIA E Street Address (P.O. Box Number is Not Acceptable) 711-B (A1A) BEACH BLVD. ST. AUGUSTINE BEACH, FL 32084 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 familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST Change ☐ Addition TITLE ☐ Defete TITLE NAME ELLISON, PATRICIA 711-B (A1A) BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition ELLISON, PATRICIA NAME NAME, 711-B (A1A) BEACH BLVD STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 of sustee 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 ar

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

☐ Change

☐ Addition

☐ Delete

PATRICIA E ELLISON PRES. 863-674-57 SIGNATURE