


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S21343 1. Entity Name PATRICIA AVENUE ENTERPRISES, INC.	
---	---

Principal Place of Business
483 PATRICIA AVENUE
DUNEDIN, FL 34698

Mailing Address
483 PATRICIA AVENUE
DUNEDIN, FL 34698



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3045390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WALLACE, JEROME
483 PATRICIA AVENUE
DUNEDIN, FL 34698

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000186964
01/21/05-80081-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, JEROME 483 PATRICIA AVE. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLACE, BARBARA 483 PATRICIA AVE. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, SCOTT 483 PATRICIA AVE. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, BRYAN 483 PATRICIA AVE. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jerome Wallace JEROME WALLACE 1/18/05 727-734-2879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #