

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21343

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** PATRICIA AVENUE ENTERPRISES, INC.

**Current Principal Place of Business:**

483 PATRICIA AVENUE  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

483 PATRICIA AVENUE  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-3045390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, JEROME  
483 PATRICIA AVENUE  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WALLACE, JEROME  
**Address:** 483 PATRICIA AVE.  
**City-St-Zip:** DUNEDIN, FL 34698

**Title:** TD  
**Name:** WALLACE, BARBARA  
**Address:** 483 PATRICIA AVE.  
**City-St-Zip:** DUNEDIN, FL 34698

**Title:** VD  
**Name:** WALLACE, SCOTT  
**Address:** 483 PATRICIA AVE.  
**City-St-Zip:** DUNEDIN, FL 34698

**Title:** SD  
**Name:** WALLACE, BRYAN  
**Address:** 483 PATRICIA AVE.  
**City-St-Zip:** DUNEDIN, FL 34698

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BARBARA WALLACE

TD

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date