

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S43784

1. Entity Name

THE ANTILLES SUPPLY COMPANY, INC.



FILED
Feb 16, 2005 08:00 AM
Secretary of State

Principal Place of Business — Mailing Address
172 SW 96 AVE. — 172 SW 96 AVE.
PLANTATION FL 33324 — PLANTATION FL 33324
US — US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. —

Suite, Apt. #, etc. —

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0257776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUREEN PATTON
172 SW 96 AVE.
SUITE 305
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME PATTON, GLADESTONE M SR
STREET ADDRESS 172 SW 96
CITY- ST- ZIP PLANTATION FL

TITLE DV ☐ Delete
NAME PATTON, GLADESTON, M. JR
STREET ADDRESS 172 SW 96 AVE.
CITY- ST- ZIP PLANTATION FL

TITLE S ☐ Delete
NAME PATTON, MAUREEN
STREET ADDRESS 172 SW 96 AVE
CITY- ST- ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
02/16/05-80014-023 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Maureen Patton MAUREEN PATTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05
Date

954762677
Daytime Phone #