

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S53652

1. Entity Name
PATTEN SCHOOL BUS SERVICE, INC.



Principal Place of Business
**1400 VIOLET STREET
ATLANTIC BEACH, FL 32233**

Mailing Address
**1400 VIOLET STREET
ATLANTIC BEACH, FL 32233**

DO NOT WRITE IN THIS SPACE



07092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3066340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATTEN, JAMES, SR.
1400 VIOLET STREET
ATLANTIC BEACH, FL 32233**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**U000000570262
07/14/06-80007-005 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PATTEN, JAMES, SR.
1400 VIOLET ST.
ATLANTIC BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSTD
PATTEN, JUDITH S.
1400 VIOLET STREET
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES PATTEN, SR.

7-10-06

904-246-3085
Daytime Phone #