

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001198

Entity Name: PATRIOT SERVICES GROUP, INC.**Current Principal Place of Business:**10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE 250
JACKSONVILLE, FL 32256**Current Mailing Address:**10151 DEERWOOD PARK BLVD.
BLDG. 200, SUITE 250
JACKSONVILLE, FL 32256 US**FEI Number:** 26-4520112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIRST CORPORATE SOLUTIONS, INC.
155 OFFICE PLAZA DR
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	D, VC
Name	CORMIER, SHANE
Address	3948 S. THIRD ST. SUITE 85
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	ANDERSON, PAUL
Address	521 KIRK WALL LANE
City-State-Zip:	SCHAUMBURG IL 60193

Title	CO-EXECUTIVE DIRECTOR
Name	SMITH, BETH
Address	2813 CUMBERLAND HWY.
City-State-Zip:	MEYERSDALE PA 15552

Title	D
Name	PEAK, ELIZABETH
Address	1428 FOREST LANE
City-State-Zip:	SAINT JOHNS FL 32259

Title	DIRECTOR, CHAIRMAN
Name	LAU, CHERYL
Address	P O BOX 76
City-State-Zip:	CARSON CITY NV 89702
Title	CO-EXECUTIVE DIRECTOR
Name	WHEAT, FREDERICK JR.
Address	3948 S. THIRD STREET SUITE 85
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	JORDAN, DUKE
Address	23 POPLAR HILLS
City-State-Zip:	HURRICANE WV 25526

Title	D
Name	HOOPER, CAMERON
Address	100 N LAURA ST STE 802
City-State-Zip:	JACKSONVILLE FL 32202

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETH SMITH**DIRECTOR OF
COMPLIANCE****04/30/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRUCE, WILLIAM
Address	10151 DEERWOOD PARK BLVD. BLDG. 200, SUITE 250
City-State-Zip:	JACKSONVILLE FL 32256