



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90060 042 ***150.00

DOCUMENT # 822718			
1. Entity Name PATRICK INDUSTRIES, INC.			
Principal Place of Business P O BOX 638 1800 S. 14TH ST. ELKHART, IN 46516-2275		Mailing Address P O BOX 638 1800 S. 14TH ST. ELKHART, IN 46516-2275	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANKEL, KEITH V 1800 SOUTH 14TH ELKHART, IN 465162275	<input type="checkbox"/> Delete	(PD) PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → TITLE CHANGE ONLY FOR KEITH V. KANKEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNG, MERVIN D 1800 SO 14TH ST ELKHART, IN 46516	<input type="checkbox"/> Delete	(TS) VP-FINANCE SECY-TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDY L. NEMETH 1800 SO 14TH ST ELKHART, IN 46516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMINS, ROBERT C 611 EISENHAWER GRAND JUNCTION, CO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLAND, HAROLD E 1800 SOUTH 14TH ELKHART, IN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, JOHN 1800 S 14TH STREET ELKHART, IN 0,	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNG, DAVID D. 1800 S. 14TH ST. ELKHART, IN	<input type="checkbox"/> Delete	(D) DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → TITLE CHANGE ONLY FOR DAVID-D. LUNG
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: 		VP FINANCE / SECRETARY-TREASURER ANDY L. NEMETH 2-05-04 574-294-7511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94012559



01142004 Chg-P CR2E034 (10/03)

4. FEI Number **35-1057796** Applied For Not Applicable

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