

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90042 018 ***150.00

DOCUMENT # P01000079299

1. Entity Name

PATERSON ACCOUNTING SERVICES, INC.



94016229

Principal Place of Business

565 W. ALBANY AVE
 STUART FL 34994

Mailing Address

565 W. ALBANY AVE
 STUART FL 34994



MOORE CR2E034 (11/03)

2. Principal Place of Business
 565 W. ALBANY AVE
 Suite, Apt. #, etc.

3. Mailing Address
 565 W. ALBANY AVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1133910**

Applied For
 Not Applicable

Zip Country

Zip Country

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

PATERSON, MARGARET A
 2104 N.W. 22ND AVE., STE. 9-109
 STUART FL 34994

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME PATERSON, MARGARET A
 STREET ADDRESS 2104 N.W. 22ND AVE., STE. 9-109
 CITY-ST-ZIP STUART FL 34994

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VSTD Delete
 NAME PATERSON, JOHN A
 STREET ADDRESS 2104 N.W. 22ND AVE., STE. 9-109
 CITY-ST-ZIP STUART FL 34994

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 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)(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 *Margaret A. Paterson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 (772) 283-1011
 Date Daytime Phone #