

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90366 013 \*\*\*150.00

**DOCUMENT # 503313**

1. Entity Name  
**LIVINGSTON, PATTERSON & STRICKLAND, P.A.**



Principal Place of Business  
**46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236-5928 US**

Mailing Address  
**46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236-5928 US**

**14004388**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-1672475**

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

**PATTERSON, JOHN  
46 N. WASHINGTON BLVD  
#1  
SARASOTA, FL**

Name -  
**LPS CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**46 N. WASHINGTON BLVD.**

**SUITE 1**

City  
**SARASOTA**

**FL**

Zip Code  
**34236**

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

**BY: JOHN PATTERSON, its President**

**4/14/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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 LIVINGSTON, CHARLES  
STREET ADDRESS 46 N WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA FL

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

TITLE VTD ☐ Delete  
NAME PATTERSON, JOHN  
STREET ADDRESS 46 N WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA, FL

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

TITLE S ☐ Delete  
NAME PATTERSON, JOHN  
STREET ADDRESS 46 N WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA, FL

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

TITLE VD ☐ Delete  
NAME STRICKLAND, JOHN M  
STREET ADDRESS 46 N. WASHINGTON BLVD  
CITY-ST-ZIP SARASOTA, FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition  
NAME RANS, E. ZACHARY  
STREET ADDRESS 46 N. WASHINGTON BLVD., #1  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition  
NAME SIEGEL, MICHAEL E.  
STREET ADDRESS 46 N. WASHINGTON BLVD., #1  
CITY-ST-ZIP SARASOTA, FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(941) 365-0550**

Date

Daytime Phone #

**JOHN PATTERSON, Vice President**