


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90063 024 \*\*\*158.75

<b>DOCUMENT # 685809</b> 1. Entry Name <b>SONPAT, INC.</b>			
Principal Place of Business <b>C/O GARY D GRUNDER 1025-5 NORTH MAIN STREET HIGH SPGS, FL 32643</b>		Mailing Address <b>C/O GARY D GRUNDER 1025-5 NORTH MAIN STREET HIGH SPGS, FL 32643</b>	
2. Principal Place of Business <b>315 North Main Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>315 North Main Street</b> Suite, Apt. #, etc.	
City & State <b>High Spring Florida</b> Zip <b>32643</b>		City & State <b>High Spring Florida</b> Zip <b>32643</b>	
Country <b>ALACHUA</b>		Country <b>ALACHUA</b>	
4. FEI Number <b>59-2027314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRUNDER, GARY, D 1025-5 N.MAIN STREET HIGH SPRINGS, FL 32643</b>		7. Name and Address of New Registered Agent Name <b>MARY J. Moyer</b> Street Address (P.O. Box Number is Not Acceptable) <b>315 N. MAIN Street</b> City <b>High Springs</b>	
State <b>FL</b>		Zip Code <b>32643</b>	
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 <i>Mary J. Moyer</i> <small>Signature typed or printed name of registered agent and fee if applicable.</small>		DATE <b>4-7-04</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	D THOMPSON, PATRICIA L P.O. BOX 1358 N/A HIGH SPRINGS, FL 0.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DAVID H. Moyer 232 SW. Clayton Lane Fort White FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, MAURICE L P.O. BOX 1358 N/A HIGH SPRINGS, FL 0.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mary J. Moyer 232 SW. Clayton Lane Fort White FL. 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLTON, PATRICE L P.O. BOX 1358 N/A HIGH SPRINGS, FL 32655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Mary J. Moyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-7-04</b>	
Daytime Phone # <b>386 454-2709</b>			

**54029677**



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