


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F32833</b> 1. Entity Name <b>JIMMIE F. PATE, SR CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>C/O JIMMIE F PATE SR 2114 PALM NUT DRIVE WINTER HAVEN, FL 33881 US</b>	Mailing Address <b>C/O JIMMIE F PATE SR 2114 PALM NUT DRIVE WINTER HAVEN, FL 33881 US</b>
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02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2090054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PATE, JIMMIE F SR  
2114 PALM NUT DRIVE  
WINTER HAVEN, FL 33881**

**DO NOT WRITE  
IN THIS SPACE**

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

**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**

U000000111827  
04/13/04-80036-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST PATE, SHIRLEY F 2114 PALM NUT DRIVE WINTER HAVEN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PATE, JIMMIE F SR 2114 PALM NUT DRIVE WINTER HAVEN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PATE, ROGER D. 2114 PALM NUT DRIVE WINTER HAVEN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Shirley F Pate  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2004 863-294-1301  
Date Daytime Phone #