


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90068 033 \*\*\*150.00

<b>DOCUMENT # F57727</b> 1. Entity Name <b>AMERICAN DEVCON CORPORATION</b>	
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Principal Place of Business <b>2106 BISPHAM ROAD SUITE B SARASOTA, FL 34231 US</b>	Mailing Address <b>% JOHN PATTERSON 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>
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**14004068**

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  Zip Country	City & State  Zip Country



03232004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2214669</b>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
<table border="1"> <tr> <td>5. Name and Address of Current Registered Agent <b>PATTERSON, JOHN % LIVINGSTON, PATTERSON &amp; STRICKLAND, P.A. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b></td> <td>7. Name and Address of New Registered Agent Name <b>LPS CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD. SUITE #1</b> City <b>SARASOTA, FL</b> FL Zip Code <b>34236</b></td> </tr> </table>		5. Name and Address of Current Registered Agent <b>PATTERSON, JOHN % LIVINGSTON, PATTERSON &amp; STRICKLAND, P.A. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236</b>	7. Name and Address of New Registered Agent Name <b>LPS CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD. SUITE #1</b> City <b>SARASOTA, FL</b> FL Zip Code <b>34236</b>
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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  **JOHN PATTERSON, its President** (NOTE: Registered Agent signature required when reinstating) DATE **3/24/04**

<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"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BENNETT, RICHARD 2106 BISPHAM RD., #B SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, LINDA 2106 BISPHAM RD., #B SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (941) 924-8786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RICHARD BENNETT, President** Date Daytime Phone #