


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90723 029 ***150.00

DOCUMENT # F86763 1. Entity Name PATRICK JAMES ENGINEERING, INC.			
Principal Place of Business PO BOX 880174 PORT SAINT LUCIE, FL 34988		Mailing Address PO BOX 880174 PORT SAINT LUCIE, FL 34988	
2. Principal Place of Business P.O. Box 2643 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2643 Suite, Apt. #, etc.	
City & State Jupiter, Florida Zip 33418 Country		City & State Jupiter Fla Zip 33418 Country	
		4. FEI Number 65-0109041	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLUNG, MICHAEL M. PO BOX 210307 7 SAINT GILES RD PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11 Bentwood Road City Palm Beach Gardens FL Zip Code 33418	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PS MCCLUNG, MICHAEL M.	<input type="checkbox"/> Delete	
NAME	MCCLUNG, MICHAEL M.		
STREET ADDRESS	2565 NATURES WAY		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE	VT	<input type="checkbox"/> Delete	
NAME	MCCLUNG, JOSEPH P.		
STREET ADDRESS	2409 ALTA MONTE DRIVE		
CITY-ST-ZIP	CEDAR PARK, TX 78613		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
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TITLE		<input type="checkbox"/> Delete	
NAME			
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: <i>Lisa M. McClung</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/2004 Daytime Phone # 561-7751269	