


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90240 013 ***150.00

DOCUMENT # G18822 1. Entity Name PATTI SHIPYARD, INC.	
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Principal Place of Business 306 S. PINWOOD LN. PENSACOLA, FL 32507 US	Mailing Address P.O. BOX 271 PENSACOLA, FL 32592 US
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94074990



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2256589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PATTI, FRANK JR 306 S. PINWOOD LANE, P. O. BOX 271 PENSACOLA, FL 32592
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATTI, FRANK, JR 306 S. PINWOOD LN. PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTI, MARY ANN 306 S. PINWOOD LANE. PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTI, GERARD M 306 S. PINWOOD LN. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAID
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JCE TAVES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHECK # 12449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE 4-28-04

**DO NOT WRITE
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:  **4-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #