


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-09-2004 90055 045 \*\*\*150.00

<b>DOCUMENT # H31570</b>	
1. Entity Name <b>STEWART PATTERSON (FLORIDA) INC.</b>	

Principal Place of Business <b>6784 SARA SEA CIRCLE SARASOTA, FL 34242 US</b>	Mailing Address <b>46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236 US</b>
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2. Principal Place of Business <b>1069 Central Ave.</b>	3. Mailing Address <b>1069 Central Ave.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
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Zip <b>34236</b>	Country <b>USA</b>	Zip <b>34236</b>	Country <b>USA</b>
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03022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2464111</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PATTERSON, JOHN 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236</b>
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7. Name and Address of New Registered Agent Name <b>Black, Ian</b> Street Address (P.O. Box Number is Not Acceptable) <b>1069 Central Ave.</b> City <b>Sarasota</b> <b>FL</b> 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 <b>[Signature]</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <b>3/2/04</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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD PATTERSON, COLIN 6784 SARASEA CIRCLE SARASOTA, FL 34242</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BLACK, IAN 6784 SARASEA CIRCLE SARASOTA, FL 34242</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD PATTERSON, COLIN 1069 Central Ave. Sarasota, FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Black, Ian 1069 Central Ave. Sarasota, FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>3/2/04</b> DAYTIME PHONE # <b>941-906-8088</b>