

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FDOS FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K06120	
1. Entity Name PACIFIC AMERICAN TRADING COMPANY, INC.	

Principal Place of Business % JANICE N. HULBURT 3288 N.W. 25TH WAY BOCA RATON, FL 33434	Mailing Address % JANICE N. HULBURT 3288 N.W. 25TH WAY BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0041886	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HULBURT, JANICE N
3288 N.W. 25TH WAY
BOCA RATON, FL 33434

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULBURT, JANICE N. 3288 N.W. 25TH WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULBURT, WARREN J. 3288 N.W. 25TH WAY BOCA RATON, FL
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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 files empowered.

SIGNATURE: Warren J. Hulburt WARREN J. HULBURT 4/23/04 561483-709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____