
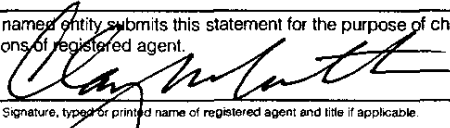
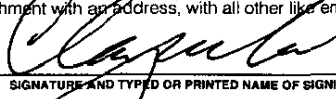


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 028 ***150.00

DOCUMENT # M72416 1. Entity Name PATRICIAN BUILDERS, INCORPORATED																																					
Principal Place of Business 505 A HOOPER DRIVE FT. WALTON BEACH, FL 32548 US			Mailing Address 505 A HOOPER DRIVE FT. WALTON BEACH, FL 32548 US																																		
2. Principal Place of Business 1339B Greenacres Blvd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 490 Suite, Apt. #, etc.																																			
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL		4. FEI Number 59-2890127																																	
Zip 32547		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent CARNATHAN, CLAY M. 505 A HOOPER DRIVE FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Clay M. Carnathan Street Address (P.O. Box Number is Not Acceptable) 149 Linstew Drive City Fort Walton Beach FL Zip Code 32548																																		
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:  Clay M. Carnathan 3/19/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D CARNATHAN, CLAY M. 505 A HOOPER DRIVE FT. WALTON BEACH, FL <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNATHAN, CLAY M. 505 A HOOPER DRIVE FT. WALTON BEACH, FL <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D Clay M. Carnathan 149 Linstew Drive Fort Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clay M. Carnathan 149 Linstew Drive Fort Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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)(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:  Clay M. Carnathan 3/19/2004 850-423-0461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

54021965



03152004 Chg-P CR2E034 (10/03)