


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000033888		
1. Entity Name PATTERSON FREIGHT COMPANY		
Principal Place of Business 3108 CENTRAL DRIVE PLANT CITY, FL 33567	Mailing Address 3108 CENTRAL DRIVE PLANT CITY, FL 33567	
DO NOT WRITE IN THIS SPACE		
		04062005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3635194		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 SPERRY, BRUCE J 1003 SOUTH ALEXANDER STREET SUITE 1 PLANT CITY, FL 33566		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, STEPHEN 4634 DREW COURT LAKELAND, FL 33810	DO NOT WRITE IN THIS SPACE U000000292964 04/08/05-80009-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBOUR, JEAN 4956 COLONNADE CLUB BLVD LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, FRED 7815 ROLLING GROVE DRIVE WEST LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>JEAN BARBOUR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-6-05</u> <u>813-359-1200</u> <small>Date Daytime Phone #</small>