

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000067459**

1. Entity Name

WE'RE WITH THE BAND, INC.

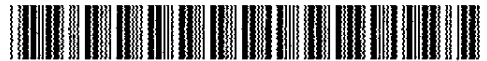


Principal Place of Business

12359 V C JOHNSON RD  
JACKSONVILLE, FL 32218

Mailing Address

12359 V C JOHNSON RD  
JACKSONVILLE, FL 32218



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3658242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SHARTRAN, PATRICK F  
12359 V C JOHNSON RD  
JACKSONVILLE, FL 32218

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SHARTRAN, PATRICK F  
STREET ADDRESS 12359 V C JOHNSON RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D  
NAME RENFROE, MARK E  
STREET ADDRESS 8977 BARCO LN  
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE D  
NAME COSS, JAMES P  
STREET ADDRESS 10535 OTTER CREEK DR  
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

00000000754  
01/09/04-80010-011 150.00

**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 19.07(3)(c), 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:**

*Patrick F. Shartran*  
PATRICK F. SHARTRAN

1/7/2004

904-318-1920

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #