


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000109729</b> 1. Entity Name PATRICK DISTRIBUTORS, INC.,	
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Principal Place of Business 2178 CAMPUS DR CLEARWATER, FL 33764	Mailing Address 2178 CAMPUS DR CLEARWATER, FL 33764
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<b>DO NOT WRITE IN THIS SPACE</b>
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03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3685755	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PATRICK, TERRY 2178 CAMPUS DR CLEARWATER, FL 33764
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<b>DO NOT WRITE IN THIS SPACE</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  Terry Patrick	4-6-04
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000111973 04/14/04-80004-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT PATRICK, TERRY 2178 CAMPUS DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS PATRICK, JUDY 2178 CAMPUS DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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:  Terry Patrick	4-6-04	727-410-7300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>