2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000061006 **Secretary of State** 1. Entity Name 03-09-2004 90048 002 ***150.00 PATRICK E. HENRY & ASSOCIATES, INC. Principal Place of Business Mailing Address 410 CORTEZ RD. W, STE. 415 BRADENTON FL 34207 410 CORTEZ RD. W. STE. 415 **BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1130609 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, PARTRICK 410 CORTEZ RD. W, STE. 415 BRADENTON FL 34207 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition HENRY, PATRICK 516 33.2 Stat.W. NAME NAME STREET ADDRESS 2424 36TH AVE. W. STREET ADDRESS Bradenton, FL 34205 CITY-ST-ZIP **BRANDENTON FL 34205** CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME 410 COLTEZ RIW. #415 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BradeNTON FL 3420" CITY-ST-ZIP Braden Ton, FL TITLE ☐ Delete TITLE ☐ Change Addition Marcy-D. Henry 410 Cortez Row. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BradeNTON TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 an expolemental 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 redeiver 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.

NG OFFICER OR DIRECTOR

SIGNATURE:

FILED

Mar 09, 2004 8:00 am