

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90046 020 ***150.00

DOCUMENT # P01000096017

1. Entity Name

PATRIOT FUNDING COMPANY, INC.



Principal Place of Business

20283 STATE ROAD 7, #400
BOCA RATON FL 33498

Mailing Address

20283 STATE ROAD 7, #400
BOCA RATON FL 33498

2. Principal Place of Business

7566 Solimar Circle

Suite, Apt. #, etc.

3. Mailing Address

7566 Solimar Circle

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

6. Name and Address of Current Registered Agent

WARM, STEVEN ESQ
BOCA CORPORATE CENTER, STE 215
2101 CORPORATE BLVD
BOCA RATON FL 33431

4. FEI Number

77-0591602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE PVPS ☐ Delete
NAME BAZAL, RANDALL S
STREET ADDRESS 7566 SOLIMAR CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE T ☐ Delete
NAME BAZAL, RANDALL S
STREET ADDRESS 7566 SOLIMAR CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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: *Randall S. Bazal* [RANDALL S. BAZAL]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 561-347-5058

Date

Daytime Phone #