


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91231 048 ***158.75

DOCUMENT # <u>PO2000006700</u>	
1. Entity Name Padgett Industries, INC.	

DO NOT WRITE IN THIS SPACE

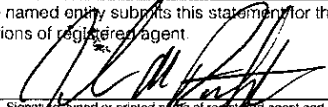
2. Principal Place of Business 10350 Log House Road Suite, Apt. #, etc.		3. Mailing Address 10350 Log House Road Suite, Apt. #, etc.	
City & State Clermont, FL		City & State Clermont, FL	
Zip 34711	Country USA	Zip 34711	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0575560		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name John M Padgett	
	Street Address (P.O. Box Number is Not Acceptable) 10350 Log House Road	
	City Clermont	FL Zip Code 34711

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

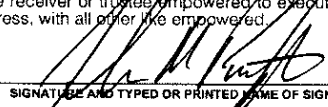
SIGNATURE  John Padgett **DATE** 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO P.D. Bethany M Padgett 10350 Log House Rd, Clermont, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO / CFO D John M Padgett 10350 Log House Rd, Clermont, FL 34711	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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  John M Padgett **DATE** 4/30/04 **Daytime Phone #** 352-243-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)