


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90003 034 ***150.00

DOCUMENT # P03000000144	
1. Entity Name PATTERSON EXPRESS, INC.	

Principal Place of Business 1980 ANNISTON ROAD JACKSONVILLE, FL 32246	Mailing Address PO BOX 16952 JACKSONVILLE, FL 32245-6952
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54024367



2. Principal Place of Business 1980 Anniston Rd	3. Mailing Address P.O. Box 16952
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242004 Chg-P CR2E034 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32246	Zip 32245
Country Dural	Country Dural

4. FEI Number 32-0057040	Applied For <input type="checkbox"/> 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 PATTERSON, DAVID WAYNE 1980 ANNISTON ROAD JACKSONVILLE, FL 32246	
7. Name and Address of New Registered Agent Name Debbie Crego Street Address (P.O. Box Number is Not Acceptable) 1821-7 Parental home Rd City Jacksonville FL Zip Code 32216	

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 **Debbie Crego Accountant** DATE **03/24/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS PATTERSON, DAVID WAYNE 1980 ANNISTON ROAD JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, DAVID WAYNE 1980 ANNISTON ROAD JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **David Patterson** **03-24-04 (904) 733-4547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #