


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2004 90018 001 ***150.00

DOCUMENT # P03000022945	
1. Entity Name PATTERSON FRANCHISE CONSULTING, INC.	

Principal Place of Business 641 SAND CREEK CIRCLE WESTON, FL 33327	Mailing Address 641 SAND CREEK CIRCLE WESTON, FL 33327
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54037800

2. Principal Place of Business 931 LAKEWOOD CT	3. Mailing Address 931 LAKEWOOD CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESTON, FL	City & State WESTON, FL
Zip 33326	Country USA

01232004	Chg-P	CR2E034 (10/03)
4. FEI Number 30-0176342	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BUTLER, CHRISTINE A ESQ. 2651 N. FEDERAL HWY. SUITE 200 FT. LAUDERDALE, FL 33306	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____	DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P PATTERSON, MICHAEL J 641 SAND CREEK CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T PATTERSON, CHRISTINE A 641 SAND CREEK CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, CHRISTINE A 641 SAND CREEK CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	931 LAKEWOOD CT WESTON, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <u>Michael Patterson</u>	DATE <u>4-13-04</u> (954) 349-7343