


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90129 017 \*\*\*158.75

<b>DOCUMENT # P03000038699</b> 1. Entity Name <b>PATRIOT FINANCE &amp; LENDING CORPORATION</b>					
Principal Place of Business <b>5373 EHRlich RD. SU. 145 TAMPA, FL 33624 US</b>			Mailing Address <b>5373 EHRlich RD. SU. 145 TAMPA, FL 33624 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5408 St James Dr</b> Suite, Apt. #, etc.			
City & State		City & State <b>New Port Richey FL</b>			
Zip	Country	Zip <b>34652</b>	Country <b>USA</b>	4. FEI Number <b>02-0687512</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WATKINS, CARL T 5103 MEMORIAL HWY. TAMPA, FL 33634</b>			7. Name and Address of New Registered Agent Name <b>Kelly Drew</b> Street Address (P.O. Box Number is Not Acceptable) <b>5408 St James Drive</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>		
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 <u>Kelly L Drew</u> <u>Kelly Drew</u> DATE <u>4-30-04</u> <small>Signature, typed or printed name of registered agent and file it applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>SEQUEIRA, RODOLFO M 5373 EHRlich RD. SU. 145 TAMPA, FL 33624</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PTD Sequeira Rodolfo M 5373 Ehrlich Rd St 145 Tampa, FL 33624</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S <input type="checkbox"/> Delete <b>BLOCK, ELIZABETH F 5373 EHRlich RD. SU. 145 TAMPA, FL 33624</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP S Block Elizabeth F 5373 Ehrlich Rd St 145 Tampa, FL 33624</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		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>Rodolfo Sequeira Rodolfo Sequeira</u> <u>05/01/04</u> <u>813-786-4168</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					