


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-07-2004 90129 017 ***158.75

DOCUMENT # P03000038699

1. Entity Name
PATRIOT FINANCE & LENDING CORPORATION



Principal Place of Business
 5373 EHRlich RD.
 SU. 145
 TAMPA, FL 33624 US

Mailing Address
 5373 EHRlich RD.
 SU. 145
 TAMPA, FL 33624 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
5408 St James Dr
 Suite, Apt. #, etc.

City & State
New Port Richey FL

Zip
34162

Country
USA

05012004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent

WATKINS, CARL T
5103 MEMORIAL HWY.
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name
Kelly Drew

Street Address (P.O. Box Number is Not Acceptable)
5408 St James Drive

City
New Port Richey FL

Zip Code
34162

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

SIGNATURE Kelly Drew (NOTE: Registered Agent signature required when reinstating)

DATE 4-30-04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	SEQUEIRA, RODOLFO M 5373 EHRlich RD. SU. 145 TAMPA, FL 33624	TITLE PTD	Sequeira Rodolfo M 5373 Ehrlich Rd St 145 Tampa FL 33624
TITLE VP,S	BLOCK, ELIZABETH F 5373 EHRlich RD. SU. 145 TAMPA, FL 33624	TITLE VP,S	Block Elizabeth F 5373 Ehrlich Rd St 145 Tampa, FL 33624
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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: Rodolfo Sequeira SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Sequeira Date

05/01/04 Date

813-786-4168 Daytime Phone #