

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90003 021 \*\*\*150.00

**DOCUMENT # P03000041923**  
 1. Entity Name  
**BRENDA L. PATTEN & ASSOCIATES, P.A.**



Principal Place of Business: **1862 ALT VISTA STREET SARASOTA, FL 34236**  
 Mailing Address: **1862 ALT VISTA STREET SARASOTA, FL 34236**

04054630

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country



01272004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-1184319**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 PATTEN, BRENDA L  
 1862 ALT VISTA STREET  
 SARASOTA, FL 34236

**7. Name and Address of New Registered Agent.**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: **FL** 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: \_\_\_\_\_  
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.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PATTEN, BRENDA L	
STREET ADDRESS	1862 ALT VISTA STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brenda L Patten Date: 5-3-04 Daytime Phone #: 941 3627500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR