2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90230 021 ***158.75

DOCUMENT # P03000043457

1. Entity Name
PAN-X-TECH- INC.

Principal Place of Business	Mailing Address
16870 LECLARE SHORES DR TAMPA, FL 33624 US	3959 VAN DYKE Rd. #216 Tampa, FL. 33558

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
16870 LeClare Shores Dr.		3959 VAN Dyke Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #216	
City & State: Tampa, Fl.		City & State: Tampa, FL.	
Zip: 33624	Country: Hillsborough	Zip: 33624	Country: Hillsborough

4. FEI Number: 74-3086841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Erica M. Cowart
16870 LeClare Shores Dr.
Tampa, FL. 33624

7. Name and Address of New Registered Agent

Name: Patricia Locklear
Street Address (P.O. Box Number is Not Acceptable): 16870 LeClare Shores Dr.
City: Tampa, FL Zip Code: 33624

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: Patricia Locklear Patricia Locklear 4-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Registered Agent NAME: Erica M. Cowart STREET ADDRESS: 16870 Le Clare Shores Dr. CITY-ST-ZIP: Tampa, Fl. 33624	☑ Delete	TITLE: President NAME: DAN A. Drayton STREET ADDRESS: 16870 LeClare Shores Dr. CITY-ST-ZIP: Tampa, Fl. 33624	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Vice President NAME: Patricia Locklear STREET ADDRESS: 16870 LeClare Shores Dr. CITY-ST-ZIP: Tampa, Fl. 33624	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Patricia Locklear 4-14-04 (813) ~~966~~ 505-9248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #