


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 018 ***150.00

DOCUMENT # P03000048378	
1. Entity Name PAT BARRETT REALTY INC.	

Principal Place of Business 5119 18TH STREET W BRADENTON, FL 34207	Mailing Address 5119 18TH STREET W BRADENTON, FL 34207
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2. Principal Place of Business 4301 32nd St W. Suite, Apt. #, etc. Ste. E-9 City & State Bradenton, FL Zip 34205 Country USA	3. Mailing Address 4301 32nd St W. Suite, Apt. #, etc. Ste. E-9 City & State Bradenton, FL Zip 34205 Country USA
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01082004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0515452	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 BARRETT, PATRICIA 5119 18TH STREET W BRADENTON, FL 34207	
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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 Patricia A. Barrett **Patricia A. Barrett, President 1-7-2004**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 A. Barrett **Patricia A Barrett** **January 7, 2004** **(941)782-1375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #