


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91049 017 ***150.00

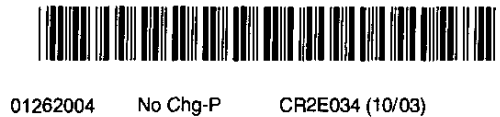
**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P94000029626
 1. Entity Name
PATTERSON & SON'S TRUCKING, INC.



Principal Place of Business Mailing Address
 4947 NW 52 AVE 4947 NW 52 AVE
 COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE



4. FEI Number: **65-0484021** Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PATTERSON, DESMOND
4947 NW 52 AVE
COCONUT CREEK, FL 33073

**DO NOT WRITE
 IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, DESMOND 4947 NW 52 AVE COCONUT CREEK, FL 33073
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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)(j), 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: Desmond Patterson 4/22/04 9547336580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #