


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90070 001 ***300.00

DOCUMENT # P95000061542		
1. Entity Name PAN RESOURCES OF FLORIDA, INC.		

Principal Place of Business 11680 POINT DR S MERRITT ISLAND, FL 32952	Mailing Address 11680 POINT DR S MERRITT ISLAND, FL 32952
615 E NEW HAVEN AVE, APT 401 MELBOURNE, FL 32901	

2. Principal Place of Business 615 E. NEW HAVEN AVE. → SAME	3. Mailing Address " " " "
Suite, Apt. #, etc. 401	Suite, Apt. #, etc. "

City & State MELBOURNE, FLORIDA	City & State "
Zip 32901	Country BREVARD

6. Name and Address of Current Registered Agent	
MCFADDEN, WARREN 11680 POINT DRIVE S. MERRITT ISLAND, FL 32952	

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: <u>Warren McFadden</u>	DATE: <u>7/30/04</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFADDEN, WARREN 11680 POINT DR 615 E. NEW HAVEN AVE S MERRITT ISLAND, FL 32952 MELBOURNE, FLORIDA 32901	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: <u>Warren McFadden</u>	DATE: <u>7/30/04</u> 321 Daytime Phone #: <u>727-1537</u>