2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017228

Entity Name: PAGATANS, INC.

City-St-Zip:

NAPLES, FL 34113

FILED Jun 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 164 PALMETTO AVENUE NAPLES, FL 34113 **Current Mailing Address: New Mailing Address:** 164 PALMETTO AVENUE NAPLES, FL 34113 FEI Number: 74-2785757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALK, WILLARD N 164 PALMETTO DUNE CIRCLE NAPLES, FL 34113 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHELTON, PHILLIP Name: Name: 3021 66TH STREET SW Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: Title: TS () Delete () Change () Addition SHELTON, GRETCHEN Name: Name: 3021 66TH ST SW Address: Address: NAPLES, FL 34116 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition VALK, FAYANN Name: Name: 164 PALMETTO DUNE CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: () Delete Title: () Change () Addition VALK, WILLARD Name: Name: 164 PALMETTO DUNE CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WILLARD VALK P 06/30/2004