


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000015472</b>	
1. Entity Name <b>PAT'S VIDEOS 4 LE\$\$, INC.</b>	

Principal Place of Business <b>11040 W. COVE HARBOR DR. CRYSTAL RIVER, FL 34428</b>	Mailing Address <b>11040 W. COVE HARBOR DR. CRYSTAL RIVER, FL 34428</b>
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3559777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**POLK, DARLENE E  
11040 W. COVE HARBOR DR.  
CRYSTAL RIVER, FL 34428**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST POLK, DARLENE E 11040 W. COVE HARBOR DR. CRYSTAL RIVER, FL 34428
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03/25/04-80008-013 150.00

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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)(f), 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:** *Darlene E. Polk* **Darlene E. Polk** 3-23-04 352-564-4  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #