


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90350 032 ***150.00

DOCUMENT # S79132 1. Entity Name PATRICK JAMES EQUIPMENT, INC.			
Principal Place of Business PO BOX 880174 PORT SAINT LUCIE, FL 34988		Mailing Address PO BOX 880174 PORT SAINT LUCIE, FL 34988	
2. Principal Place of Business PO BOX 2643 Suite, Apt. #, etc.		3. Mailing Address PO BOX 2643 Suite, Apt. #, etc.	
City & State Jupiter Florida Zip 33458 Country		City & State Jupiter Fla Zip 33458 Country	
4. FEI Number 65-0283763		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 MCCLUNG, MICHAEL M. 7 SAINT GILES ROAD PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11 Bentwood Road City Palm Beach Gdns FL Zip Code 33418	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME MCCLUNG, MICHAEL M. STREET ADDRESS 2565 NATURES WAY CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Michael McClung STREET ADDRESS 11 Bentwood Road CITY-ST-ZIP Palm Beach Gdns FL 33418		
TITLE ST <input type="checkbox"/> Delete NAME MCCLUNG, JOSEPH P STREET ADDRESS 2409 ALTA MONTE DRIVE CITY-ST-ZIP CEDAR PARK, TX 78613	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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: Rita Marie McClung <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/04 561-7751269 <small>Date Daytime Phone #</small>	