

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V73495

1. Entity Name
TERRY PATRICK, INC.



Principal Place of Business

**120 NW 39TH AVE
GAINESVILLE, FL 32608 US**

Mailing Address

**322 NW 10TH ST
GAINESVILLE, FL 32601**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3158550

Applied For
☒ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKS, TERRY P.
322 NW 10TH ST
GAINESVILLE, FL 32601**

**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

2/8/04

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKS, TERRY P.
STREET ADDRESS	322 NW 10TH ST
CITY-STATE-ZIP	GAINESVILLE, FL
TITLE	VP
NAME	JACOBY, RONALD
STREET ADDRESS	3410 NE 12TH STREET
CITY-STATE-ZIP	GAINESVILLE, FL
TITLE	VP
NAME	REYNOLDS, TIMOTHY
STREET ADDRESS	526 NW 27 AVE
CITY-STATE-ZIP	GAINESVILLE, FL 326092959
TITLE	S
NAME	PARKS, STEPHANIE
STREET ADDRESS	322 NW 10TH ST.
CITY-STATE-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000159839
05/12/04-80001-005 150.00

U000000159839
05/12/04-80001-006 8.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04 315-1981

Date

Daytime Phone #